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ABSTRACT

This document contains two issues of the 2001 Australian Network for Promotion, Prevention and Early Intervention for Mental Health newsletter. The newsletters disseminate information about the national and local initiatives for intervention and prevention of mental health problems. They also provide information on upcoming workshops and conferences to assist with ongoing professional training for mental health professionals. Guest editorials and articles include "Language and Mental Health Promotion: In Search of a Way Forward" (Lou Morrow); "Towards a Model of Interactive Learning in Transcultural Mental Health" (Mohammed Amirghiasvand, Riya Engelhardt, Arthur Moutakis, and Nicholas Procter); "Social Capital: A Relevant Concept for Mental Health in the Workplace?" (Lou Morrow); "Workplace Stress: How Large is the Problem?" (John M. Shephard); and "Healthy, Happy Young People Don't Suicide, Do They?" (Graham Martin). Model projects for intervention are detailed and reviews of books and other resources are presented. (GCP)

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Auseinetter
2001

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Auseinetter

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Comments -

Welcome to the most recent issue of Auseinetter!

This issue of the newsletter sports a new look to mark the beginning of a new stage of the Auseinet project. The reception that Auseinet has had since its inception in May 1997 has been quite remarkable. The Auseinet web site and publications have reached a wide range of audiences interested in health, mental health and the evidence for early intervention. The project team has been successful in securing a new contract from the Commonwealth government that has enabled further development, particularly in the areas of promotion and prevention in mental health and suicide prevention in addition to the already comprehensive work the Auseinet team has done in early intervention. Importantly this work will be complemented by state and territory based **Auseinet initiatives that will bring promotion, prevention, early intervention closer to home for many Auseinet users.**

The first meeting of the newly formed Auseinet management committee, which oversees the project and assists the project team in achieving its goals, will take place just about the time you receive this issue of Auseinetter. The committee will be comprised of a chairperson, eight representatives of the State/Territory Auseinet committees, four Academic representatives, and a member each from the Commonwealth Mental Health and Special Programs Branch, the National Mental Health Promotion and Prevention Working Party and the National Advisory Council on Suicide Prevention. We look forward to providing you with a more comprehensive profile of each of these members in the next Auseinetter issue.

As Chairman of the Auseinet Management Committee, I want to add my welcome and encourage readers to let us know your views and ideas about Auseinet and issues and directions in promotion, prevention and early intervention.

Professor Stephen Zubrick
Chairman Management Committee

Einet Discussion Group

Have you subscribed to the Auseinet email discussion list? Members of the Einet list post a broad range of information relating to all aspects of mental health promotion, prevention and early intervention, including suicide prevention. Members of the Auseinet team will also be using this list as a way of communicating with a range of individuals interested in these issues on a regular basis. To subscribe, please email **majordomo@auseinet.flinders.edu.au** In the text write "subscribe einet" in the mail message body.

Contributions to this newsletter do not necessarily reflect the views of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

Auseinet Mailing List

Please contact the Auseinet office if you wish to be added to the mailing list.

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Cover photograph: Auntie with Nephew, Leslie and Luka

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Auseinet - Growing into Phase Two

The Commonwealth Department of Health and Aged Care has expanded the original Auseinet project to include promotion, prevention and early intervention, as well as suicide prevention, across the entire lifespan. The Auseinet project will build on the outcomes and learnings of the first phase. It will help inform and educate mental health and other sectors and the community on the concepts of mental health promotion, prevention, early intervention and suicide prevention. It will also make appropriate links to international organisations and initiatives.

Please visit our web site on a regular basis for information and discussion relating to current Auseinet activities and a range of issues concerning mental health promotion, prevention and early intervention.

For details and achievements of Auseinet's first phase since 1997, please also view the Auseinet web site - http://auseinet.flinders.edu.au

Auseinet National Team:

Please feel free to contact any of the team members directly if you have any queries regarding Auseinet programs and activities.

The NEW Team YOU have been waiting for!

(left to right): Jennie, Brodie, Chris, Lou, Abbie

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Editorial - Professor Graham Martin

Having attended the National Drugs Round Table in March (see report this Auseinetter) I am perhaps sensitised to issues of prevention related to alcohol abuse, the impact of tobacco use and the awful waste of lives from the use of illicit drugs. So then last Sunday on Channel Nine's "*60 Minutes*" I watched with concern as Ray Martin tried in vain to reflect the debates and seek some direction:

"Perhaps no other nation on earth is as addicted to heroin as Australia. Heroin is flooding our big cities and our country towns. It is responsible for our surging crime rate, our crowded jails, and for too many families devastated by addiction. It is thought that as many as 300,000 Australians have used it and it is estimated that 100,000 Australians are currently addicted to it."

Despite the obvious effort by all to make a meaningful contribution to the debate, the hour-long program was a mess. I am not saying that the images of young drug addicts wanting help so desperately was not painful to watch, or that young Australians having to seek treatment in Sweden at their family's expense did not stir mixed emotions of hope that treatment was available and could work but, conversely, outrage that it was not available in Australia and to those in need whether they have money or not. I am not saying that the passion of recovered addicts, of parents, professionals and politicians on the program was not obvious. But there was such confusion. The key issues of **zero tolerance** versus **harm minimization** were mentioned repeatedly without clear explanation of their meaning or implications. The debate raged from the need for better treatment programs (whether they are about one or other form of withdrawal from drugs), to cryptic and somewhat acid criticism of others' views (without adequate moderation or explanation), through to very unclear ideas about what prevention (in the general sense) might mean. I suppose the program developers had some idea that the Prime Minister's initiative[1] in circulating every household in Australia, and the very clever and evocative advertisements on television, mean that everyone understands the issues. So how come *"60 Minutes"* could not get past the passion to some clearly enunciated and comprehensive package of interlocking programs?

In stark contrast, but also on Sunday, I was playing with two of my grandchildren; Ben is nearly 3 and Rory is just over 1. They love the outdoors, get excited about little things like raking up leaves or slyly feeding the dog half a chewed sandwich, and clearly adore the adults in their lives. What happens between such a healthy mutual outpouring of love of the world and their family, and the wretchedness we see on television? At what point do the life trajectories begin to move away from the 80% of young people who will grow into averagely healthy adults. Can we define anything with sufficient certainty and general agreement that parents and the community will listen and provide corrective measures.

The truth is so often that the pain and inconvenience has to reach severe levels before we take collective action; we just cannot believe it is going to happen to us. Then, there is often such passionate disagreement about what works best, in which circumstance and at what time. We are left in the confusion that can breed hopelessness. Often it is too late to apply whatever meagre resources we have available, and funders are left uncertain where dollars should be spent.

The story is repeated over in the prevention of mental illness generally[2], but especially in the areas of drug abuse, depression, delinquency, suicide, and increasingly questions are asked about whether we are taking these matters seriously[3]. Rey, (2001) is clearly right when he underlines that **"it is important to establish which treatments and service-delivery models work and which do not"** It is to be hoped that the recent advances stemming from the evidence-based practice approach will, over time, do this for us. Others believe we also need to note the contributions from practice-based evidence[4].

The dilemma is: "What we do in the meantime?"

The answer in broad terms is that we have to do the best that we can with the knowledge and tools that we have. We must not retreat into isolated camps believing that our area of social and health problems are either separate or more important than others; we must collaborate on lowering risks and enhancing protective factors that clearly are involved in many life outcomes. We must not work alone in the belief that we are the only ones with the knowledge to alter life's pathways; rather we must engage the community in what has to be a joined endeavour. Finally, we must take note of the developments in promoting mental health (for instance National Action Plan, 2000 and Raphael, 2000). The relationship between mental health and mental illness is complex. Can mental health co-exist with an illness?

Can improving individual aspects of mental health alone influence the course of illness? What specific programs to enhance mental health are most likely to reduce the ever-increasing problems we are seeing, and which are likely to be the most cost effective? Some of these issues are explored in a book to be published later this year (Rowling et al., 2001).

Auseinet aims to contribute to the debates, but also provide the best available information in understandable language, and with a strong focus on program development. Having been refunded till 2002, in adding mental health promotion, prevention, and suicide prevention to the focus on early intervention, in broadening out from young people to all of the life span, we hope we can be of service to you. Through our clearinghouse activities, our support of State and Territory special interest groups, and through the Internet we hope to translate the passion of the debates into conceptual clarity toward effective action.

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Language & Mental Health Promotion: in search of a way forward - Lou Morrow

This may seem a little irreverent but there's something complacent, soporific even, about the languages of health promotion. I say languages because a reading of health promotion and mental health promotion focussed literature highlights that not everybody is speaking about the same thing, despite the words they use, and in fact are positioned quite differently in relation to each other. I must acknowledge, and have no doubt, that each perspective is held by earnest and dedicated people. Yet this is quite a contested terrain with turf wars and ideological differences presenting a huge block to the way forward. Ideology is not in itself problematic - what is problematic is not making explicit the values underlying health promotion decisions. (Raphael 2000)

An inadvertent slip by an eminent speaker at a recent conference brought this into sharp relief for me - to the point where I became uneasy. The speaker was outlining significant developments in mental health in Australia, specifically promotion, prevention and early intervention strategies given impetus by the National Mental Health Strategy and other interlocking national strategies such as the LIFE framework. The speaker inadvertently referred to "mental health prevention". Of course this was unintentional. The interesting thing was not that the speaker made this slip but that he didn't correct it and further, I couldn't find anyone in the audience who had noticed. It was taken-for-granted that he had said promotion, prevention and early intervention. The wide acceptance of the language of health promotion is problematic when it is used as if it were meaningless. In fact arguably the more comprehensive the language around certain knowledges the less certain the meaning.

The "taken-for-grantedness" about promotion, prevention and early intervention talk makes it symbolic talk, ambiguous rhetoric masking internal conflicts and different interests. It enables coalitions where other interests would divide. (Signal 1998) However, while ambiguity is useful in the early stages of a social movement to help transform individual strivings to collective decisions, it is apparent that it is precisely this ambiguity which is now proving limiting in progressing mental health promotion. Promotion, prevention and early intervention is rapidly becoming a "motherhood discourse" - a bit like "community care" - hard to argue that it isn't a good thing whilst being tied to language of duty and sentiment. Such is the language of health promotion, and I fear mental health promotion. The critical issue is that language and the way things are spoken about determines practice/s. Therefore it is likely that the ambiguity of promotion, prevention and early intervention talk fosters limited responses to complex problems.

I noticed an Auseinet einet list discussion last week, which seemed to me an example of what I mean. The topic of the discussion was in the form of a number of responses to an inquiry from the media about tips for preventing depression in men. From an initial list of tips all respondents to the discussion reprioritised and commented on this list consistent with their personal views and experiences. Yet these lists caused me quite a deal of unease.

Almost exclusively they were lists of individual risk reducing behaviours as you can see from the following synthesis:

- **Diet** - Stay in Shape - we are all vain
- **Exercise** - Do it, but in groups if possible
- **Stay in relationships if at all possible**
- **Drugs and Alcohol solve little** - in XS they make it all worse
- **Stop, Think, Do** - impulsivity hurts
- **Phone a Friend**
- **Work is not what it is all about**
- **Sleep** - at least 7-8 hours
- **Make Time** - for fun, friends, relationships
- **Sex** - Don't feel guilty that this is our doorway to feelings, love and relationship - that's who we are)
- **Reach Out** - Seek Help professionally if you are doing things repeatedly way out of character
- **Set Goals** - number 1, 2 or 3 should be about doing something that makes you feel good
- **Laugh** - lots
- **Think Positive** - life's too short to be an Eeyore
- **Read Stephen Covey on the *Clock and the Compass***

The principles of promoting positive mental health as well as preventing illness, working at structural as well as individual levels, and using participatory methods have been recognised in the mental health promotion field for longer than might be supposed (WHO, 1986;1991). Despite the wide espousal of these principles the list is largely preoccupied with individual risk reducing behaviours, as if depression occurred in a vacuum!

An alternative 10 items formulated for health broadly, but could well be mental health specifically, highlights some troubling omissions in the first list. The economic preoccupation of the following list reflects the association between poverty and poor health. Yet it may well be a list for robust mental health - the association between poverty and mental illness has been one of the "sturdiest" findings to come out of psychiatric epidemiology. (Leighton 2000)

- **Don't be poor. If you can, stop. If you can't try not to be poor for long**
- **Don't have poor parents**
- **Own a car**
- **Don't work in a stressful low paid manual job**
- **Don't live in damp low quality housing**
- **Be able to afford to go on a foreign holiday and sunbathe**
- **Practise not losing your job and don't become unemployed**
- **Take up all the benefits you're entitled to if you are unemployed, retired, sick or disabled**
- **Don't live next to a busy major road or near a polluting factory**
- **Learn how to fill in complex housing benefit/assistance application forms before you become homeless and destitute**

The second list makes its point a bit perversely. It is framed in terms of individual risk reducing behaviours as if poverty, homelessness, unemployment, chronic illness are within the confines, or are the choices, of individuals. Of course largely they're not. I'm not suggesting a good/bad dichotomy here - that one list is better or more "right" than the other - clearly, either list when taken in isolation, presents limited explanatory potential and possibilities for action. I have no doubt that many if not all of the elements in this second list, framed around elements of social/structural determinants of health, would be recognised and even championed by the respondents of the first list. Yet this knowledge seems to have little influence on a discussion about preventing depression in men. Why is that?

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A Report on the National Roundtable 2001

(Adapted with permission from Carmel Martin, Director, Health Services, AMA)

AMA President Dr. Kerryn Phelps opened the inaugural National Drugs Roundtable on 22nd March 2001 at AMA House in Canberra. This brought together Australia's leading anti-tobacco, alcohol, and illicit drugs bodies to support a challenge to all major State and Federal political parties to commit a greater proportion (currently only 1%) of drug related revenue to reducing drug-related morbidity and mortality in Australia. The Roundtable called on all Governments to be more accountable and transparent in regards to funding and outcomes of drug programs. A well-attended press conference was held, and a Joint Communiqué released, leading to substantial media exposure over the following week.

Speakers included Ms. Carolyn Fitzwarryne (Alcohol and Other Drugs Council of Australia), Dr. Alex Wodak (Alcohol and Drug Service, St Vincent's Hospital), Ms Anne Jones (Action on Smoking and Health), Mr Chris Stevenson (Australian Institute of Health and Welfare), Dr. Jan Copeland (National Drug and Alcohol Research Centre). Presentations reflected both the number of current programs providing successful care and rehabilitation and the need for an increase in treatment programs. There is a need for greater funding of tobacco initiatives, and the need to tax alcohol products according to their alcohol content. However, there was also a focus on a greater need for primary prevention and early intervention.

In discussing links between mental health and drug use, there was recognition of the commonality of risk and protective factors for alcohol abuse, smoking, illicit drugs use, and mental health problems and disorder. The Roundtable recommended consideration of an integrated approach to strategies.

The Roundtable determined that a joint lobbying approach would be of benefit in approaches to:

- **Alcohol taxation,**
- **Alcohol related violence,**
- **Consumption by young people,**
- **Marketing,**
- **Sponsorship,**
- **Problem drinking by Indigenous Australians,**
- **Server liability legislation.**

Anne Jones and Alex Wodak

The Communiqué (to which Auseinet is a signatory):

GOVERNMENT MUST SPEND MORE OF ALCOHOL & TOBACCO REVENUE TO HELP REDUCE DEATHS

(left to right):Bill Pring, Carmel Martin, Brian Watters

Caroline Fitzwarryne and Wesley Noffs

The National Drugs Roundtable - representing Australia's leading anti-tobacco, alcohol and illicit drugs bodies - today challenges all major political parties at State and Federal levels to commit to increased funding to dramatically reduce drug deaths.

In 1997-98 the Federal Government collected more than $4 billion from tobacco and alcohol taxes but returned less than 1% of this to prevention and rehabilitation programs. It is estimated that the Federal Government today collects about $7 billion in alcohol and tobacco taxes and still returns only 1% of this to prevention and rehabilitation programs.

The Roundtable calls on the Commonwealth to commit a greater proportion of this annual revenue to help reduce the death toll.

Drug and Alcohol abuse costs 23,000 Australians their lives every year (about 20% of all deaths in Australia). It costs the community an estimated $19 billion a year in health care, property crime and loss of workplace productivity. Tobacco is the number one killer. Alcohol-related cancer, cirrhosis and road accidents kill more than 3,000 people a year. Illicit drug deaths have more than doubled in the past six years.

The Federal Government must increase funding in the May 2001 Budget to expand national investment in prevention, treatment, education and research programs. Great benefits can be achieved for relatively small increases in funding. This Roundtable also calls on all Australian governments to be more accountable and transparent on the amount of funding allocated to drug and alcohol programs and on the outcomes of these programs in both the government and non-government sectors.

Towards a Model
of Interactive Learning in Transcultural Mental Health

Mohammed Amirghiasvand (Migrant Health Service); Angela Eaton (Migrant Health Service); Riya Engelhardt (Northern Metropolitan Health Service); Arthur Moutakis (Coordinating Italian Committee) and Nicholas Procter (University of South Australia)

The Reciprocity in Education Project is a twelve-month pilot activity aimed at developing a model of interactive learning between three non-English speaking background communities (Cambodian, Italian and Persian) and mainstream mental health services on the topic of sadness and depression (broadly defined). The project is funded under the Australian Transcultural Mental Health Network by joint Commonwealth and State funds. The ideas that underpin the project are based upon the belief that an absence of local services, or lack of culturally appropriate or sensitive services can and will prevent access of individuals or groups to effective assessment and appropriate treatment for mental health problems across the lifespan.

The chief outcome of this project has been the design of an educational interaction that makes use of different perceptions, values and beliefs about sadness and depression held by migrant communities and mainstream mental health workers.

Over the past 12 months the project team (Mohammed Amirghiasvand, Angela Eaton, Riya Engelhardt, Arthur Moutakis and Nicholas Procter) have been working to ensure that information exchange between non-English speaking background communities and mainstream mental health workers is a two way process. This is a key aspect of the design of the project model and will be elaborated upon shortly.

Why Depression?

Depression is the single biggest cause of disability in Australia. The effects of depression can have a devastating impact on all aspects of life, causing intense suffering to the individual, family members and friends. It is also known that depression is sometimes associated with other mental health and emotional problems, misuse of drugs, and suicide.

What is less known and understood by service providers is the way that sadness and depression is expressed within different cultural groups. Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds and young people remain most at-risk of missing out on access to specialist services and best practice.

To maximise the benefits of productive two-way communications and learning between mental health workers and cultural groups, the project team and community participants have been working with the broader terms of feeling down, unhappiness, emotional loss, feeling tearful or sad, rather than the more Western term of Depression.

Community Consultations

Groups from each of the three non-English speaking background communities have been meeting in various locations across Adelaide including a primary school, a community centre and a community health service. To facilitate a 'homely feeling' the Italian group held its meetings in the home of the Chief Executive Officer of the South Australian Italian Village, Ms Marcia Fisher while she is at work.

After extensive networking and work by the project team in the areas of developing trust, respect and effective working relations, the community groups in partnership with three bilingual community educators, developed five compilation stories (two Persian, two Cambodian and one Italian) about the experiences, views and specific cultural understandings surrounding sadness and the feelings and metaphors used to describe it. These compilation stories detail an experience participants have had or "could have had" during their migration and settlement experience.

The compilation stories developed in the four languages of the project (Cambodian, English, Farsi and Italian) have been used as a basis to develop the educational interaction between the three communities and mainstream mental health services. This educational interaction, currently being evaluated by the South Australian Community Health Research Unit was described by mainstream mental health service providers as being highly original in the way it engaged both community people and mental health workers of various professional backgrounds as experts at a grass roots level.

Cultural Sensitivity and Capacity Building

Occurring at the same time as the development of the educational interaction outlined above, the project team undertook to identify areas of strength and areas for further development of their own capacity building, cultural sensitivity and self-awareness. This reflective process was guided by the following questions:

1. **What are the areas of strength for the groups we are working with?**
2. **What must we do to develop our working style with the community groups?**
3. **How do we approach the next group meeting?**
4. **What strategy and/supports are needed to help us at the next group meeting? Who else should be involved?**
5. **What information is needed for the next group meeting community languages?**
6. **What is needed for us to ensure ongoing capacity building- actual and potential - for community participants and members of the project team?**

The above questions have helped the project team and community groups better understand and relate to each other, as well as identify what practical steps are needed to ensure continued inter-cultural respect and growth and development of social capital.

Education and Training for Community Educators

The role of bilingual community educators has been crucial to the success of the project. Their role incorporates ability to:

- **Bridge gaps between mainstream mental health systems and community people.**
- **Work between and within both 'worlds'.**
- **Believe and respect the cultural values and beliefs of community people.**
- **Be a trusted guide and adviser and critical friend to the project and project team.**
- **Seek out effective ways to work with the language of emotional health and wellbeing used by participants.**
- **Seek out and respond to opportunities for capacity building and community development for both self and others.**
- **A comprehensive education and training package for the bilingual community educators attached to each of the three groups was developed as the project unfolded. The package centred upon learning directly from mental health workers about the way they interpret, analyse, and intervene upon mental health issues in clinical practice.**

Conclusion

To conclude, this educational interaction was highly original in the way that it engaged both community people and mental health workers as experts at a grass roots level. At the same time, it is expected that the educational interaction between groups via the community educators will add to existing forms of mental health literacy, networking and information exchange between mental health service providers and ethnic communities. That is, a model of educational interaction that leads to increased awareness and under-

standing by mental health service workers of Persian, Cambodian and Italian cultural formulations, beliefs and ways of knowing and responding to mental health issues and problems.

For Persian, Cambodian and Italian group members there is an opportunity to learn about the

- **Understandings and views held by mainstream mental health workers that underpin their response to mental health issues for people from culturally and linguistically diverse backgrounds.**

An exhibition about the project is planned for June-August 2001 at the South Australian Migration Museum (enter off Kintore Avenue). The exhibition, just one of the outcomes of the project, will provide an autobiographical link between community people who participated in the project and the contribution they have made when working to support mainstream mental health services.

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Profiling Chris Alliston

The Auseinet project has moved into the second stage and is now involved in promotion, prevention and early intervention for mental health right across the lifespan. The number of team members has expanded with five new positions as previously outlined. My role is Project Officer for Consumer and Carer issues and as such I will seek to involve this sector in the Auseinet project. Consumer and carer experiences and views are a valuable resource and will not be underestimated as a tool for reorienting the mental health sector towards a more preventive, promotional and early intervention focus. Your practical expertise in using and dealing with the everyday realities of the mental health system will remind us of the positive aspects of the system and of those areas where changes are needed. It is hoped that by the end of the project Auseinet will have had some influence in educating the community about mental health and mental wellbeing thus enabling a variety of groups to incorporate some of these strategies into their overall health care.

Varied experiences have lead me to be employed at Auseinet. My early working life was as a school dental therapist with the South Australian School Dental Service. I then spent some years as a full time parent before returning to study as a mature age student. After gaining a Bachelor of Arts with a major in Sociology I moved to country Victoria and worked in a couple of non government agencies firstly as a family support worker and then in the psychiatric disability sector for three and a half years as a community support worker with ASPS, now known as ASPIRE. Last year I began studying for a Masters in Primary Health Care with a focus on Community Mental Health.

Personal experiences have lead me to a particular interest in the mental health field. One of my children had attention deficit hyperactivity disorder from birth and subsequently developed schizophrenia. Another of my children has had chronic severe asthma from an early age that necessitated spending much time in hospital. The experience of seeking information and answers, the frustrations of negotiating the system and dealing with the rollercoaster of chronic illness have lead me to the view that people who have been part of a system are in the best position to improve it by educating others about their experiences. Access to information and resources need to be freely available. It is my belief that until mental health is included as part of overall general health there will not be dramatic changes in the system.

All members of the community are either current or potential mental health consumers and carers. There is no person who will not be affected at some time in their life by mental illness either individually or through their network of family, friends or community. People who have already been closely associated with mental illness have a wealth of information and experience that is a great resource for mental health promotion, prevention and early intervention. It is my intent to work in collaboration with consumer and carer groups and organizations, particularly the Mental Health Council of Australia, Carers

Association of Australia, and the Australian Mental Health Consumers Network to ensure that information on promotion, prevention and early intervention for mental health is relevant and topical.

We would like the information that is on the Auseinet web site and in the newsletter to be user friendly and would welcome your views on the presentation, content and how we could make it better. There are many people who live with mental illness who do not access the information that is available. Any ideas on how Auseinet could reach these people would be useful.

I am looking forward to working with people in the community in the pursuit of positive outcomes in the promotion, prevention and early intervention for mental health. Please don't hesitate to contact me at the project:

Tel: (08) 8404 2990 or by
Email: chris.alliston@flinders.edu.au

Chris Alliston

National Action for Consumers & Carers

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 that is part of the National Mental Health Strategy has a section devoted to consumers and carers and their particular needs. The plan for this National Action is below.

- **Develop partnerships with consumers and carers** to explore and implement strategies to increase their participation in and contribution to promotion, prevention and early intervention
- **Implement the Community Development Project** and investigate the promotion, prevention and early intervention roles of peer support and selfhelp groups
- **Enhance understanding** of promotion, prevention and early intervention for consumers and carers
- Pilot and evaluate initiatives that **promote the mental health of consumers and carers**, by enhancing protective factors, improving mental health literacy, and reducing the burdens associated with mental health problems and mental disorders. Establish links and partnerships with existing consumer and carer initiatives and organisations. Investigate issues such as access to support, respite and information
- Develop **mental health promoting mental health services**
- **Support children of parents with a mental disorder** through implementing promotion, prevention and early intervention programs.

Outcome Indicators

It is anticipated that the outcomes of this will be:

- Increased participation by consumers and carers in mental health promotion, prevention and early intervention activities
- Increased participation in family and community life for people with mental health problems and mental disorders
- Reduced incidence, prevalence and burden of mental health problems and mental disorders for consumers and carers (Commonwealth Department of Health and Aged Care 2000 p.47)

Children as Carers.

From a recent study by Kalucy and Thomas (July 99) 62.8% of those surveyed who had a mental illness wanted their children and partners to have better knowledge of their illness. In addition they wanted more peer support groups, childrens' groups and additional contact for families with workers from a range of services.

In some schools today there are programs to educate children about mental wellbeing and mental illness. These include Mental Illness Education Australia and Mind Matters programs. Integration of these programs into the curriculum assists mental health to be viewed as a part of mainstream education.

There are many groups around the country that are striving to give more support to children who have a parent or sibling with a mental illness. These groups develop peer support, let children know that they are not alone in their situation and build their understanding of mental wellbeing and mental illness. This happens in a fun atmosphere and may include special outings, camps etc. Resilience and personal skills are needed to cope with everyday stresses and more traumatic events. If children can be helped to have feelings of self worth and empowerment they will be better able to adjust comfortably to these pressures and remain positive (Commonwealth Department of Health and Aged Care 2000).

For an example of a group that has been formed with the needs of the children of people with a mental illness foremost in mind, please see the information about Comic on page 20.

Living Is For Everyone [LIFE] -

Living is for Everyone (LIFE): A framework for prevention of suicide and self harm in Australia provides a strategic framework for action at all levels - national, state and territory, commonwealth, local and non-government, to prevent suicide and promote mental health and resilience across the Australian population.

The **LIFE** framework was developed by the National Advisory Council on Youth Suicide Prevention, guided by consultation with key groups and evidence that suicide prevention requires a multi-faceted approach involving collaboration between all levels of government and community. The LIFE framework comprises three companion documents:

- **LIFE: Areas for Action** presents major goals, principles, and strategic performance indicators for the framework as well as outcomes, strategies and performance indicators across six action areas:

  Promoting wellbeing, resilience and community capacity across Australia;
  Enhancing protective factors and reducing risk factors for suicide and self-harm across the Australian community;
  Services and support within the community for groups at increased risk;
  Services for individuals at high risk;
  Partnerships with Aboriginal and Torres Strait Islander peoples;
  Progressing the evidence base for suicide prevention and good practice.

- **LIFE: Learnings about suicide** sets the context for suicide prevention activity, summarising the rates of suicide and self harm across age groups and over time, and the current knowledge of risk and protective factors for suicide as they operate across different age and population groups.

- **LIFE: Building partnerships** describes the many programs, organisations and governments with an interest in or potential overlap with suicide prevention activities.

Prime Minister Mr John Howard and Ian Webster

Kym Davey and Alison Hardacre

The Retiring National Advisory Council on Youth Suicide Prevention (NACYSP)

The **LIFE** framework is a resource that can be used by the whole community to plan and conduct suicide prevention programs with the aim of:

- reducing deaths by suicide across all age groups in the Australian population, and reducing suicidal thinking, suicidal behaviour and self-harm with the injury that can result;
- enhancing resilience and resourcefulness, respect, interconnectedness, and mental health in young people, families and communities, and reducing the prevalence of risk factors for suicide;
- increasing the support available to individuals, families and communities who have been affected by suicide or suicidal behaviours, and
- providing a whole of community approach to suicide prevention and extending and enhancing public understanding of suicide and its causes.

For the implementation of the LIFE strategy, a new National Advisory Council on Suicide Prevention has been charged with the role of addressing and minimising the devastating impact of suicide on the community.

The Council is comprised of a Board and three forums (Community and Expert, Commonwealth Interagency, State and Territory). The role of the Board is to provide advice on suicide prevention activities, ensure the involvement of key stakeholders, and monitor and report on the effectiveness of the National Suicide Prevention Strategy. The Board includes Professor Ian Webster (Chair), Mr Don Gunn (Group editor, Elliott-Midland Newspapers), Mr Wayne Koivu (General Manager Community Services, Wesley Mission), Mr. John McGrath (Chair, Mental Health Council of Australia), Professor Matt Sanders (Director, Parenting and Family Centre). Ms Alison Hardacre (Young Australian of the Year - Community Service 2000), Mr Lindsay Fox (Chairman, Fox Holdings Pty Ltd), Dr Tori Wade (General Practitioner), and Mr Dermot Casey (Assistant Secretary, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care). We wish the new National Advisory Council on Suicide Prevention well in their endeavours over the next few years.

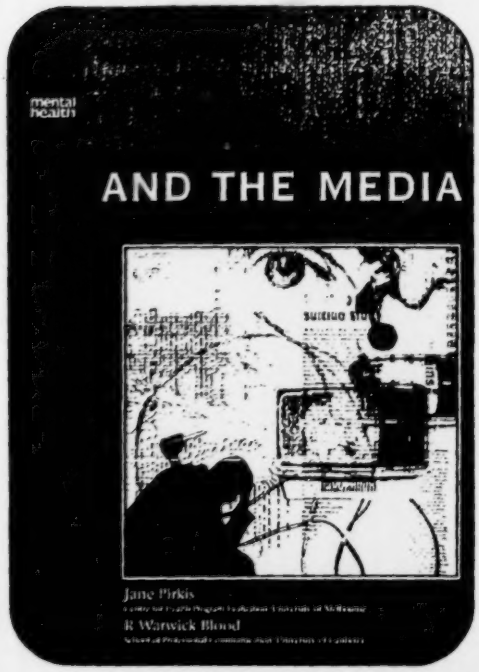
Mary Comer and Margaret Smith

Tori Wade and Kym Scanlon

Photographs of the changeover from the NACYSP to the NACSP were taken at the Parliament House launch by the Prime Minister, Mr John Howard of

Living is for Everyone (LIFE): A framework for prevention of suicide & self harm in Australia

Suicide and the Media -



Suicide and the Media - a critical review

Suicide and the Media - a Critical Review is an up to date review of the world literature on the complex issue of whether media reporting of a suicide can influence others to suicide and the manner in which this influence may occur. The report was produced by **Jane Pirkis** of the University of Melbourne and **Warwick Blood** of the Australian National University for the Media Reference Group, a subcommittee of the National Advisory Council to the National Suicide Prevention Strategy - Life (Living is for everyone).

Both the full report [~1169Kb] and an executive summary [~949Kb] are **available for download as PDF files** from the Auseinet web site **http://auseinet.flinders.edu.au**

National Action Plan & Monograph 2000 - Your Feedback Encouraged

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Action Plan 2000) and its companion document Promotion, Prevention and Early Intervention for Mental Health: A Monograph (Monograph 2000) represent an exciting partnership between Public Health and Mental Health in Australia. Drawing on expertise from both fields and developed by the National Mental Health Promotion and Prevention Working Party that operates under the auspices of the National Mental Health Working Group and the National Public Health Partnership, they provide the policy and conceptual framework for **promotion, prevention and early intervention for mental health.**

National Action Plan for Promotion, Prevention & Early Intervention for Mental Health (Action Plan 2000)

Action Plan 2000, updated in response to feedback provided by users of the Mental Health Promotion and Prevention National Action Plan released in 1999, provides a framework for a coordinated national approach to the promotion of mental health and early intervention for mental health problems and mental disorders. **Action Plan 2000** works from a population health approach which recognises that mental health is influenced by everyday events and environments. The Plan sets out a strategic framework for enhancing prevention, promotion and early intervention opportunities for 15 priority groups. These include groups across the lifespan, population groups (such as rural and remote communities and Aboriginal peoples and Torres Strait Islanders) and key strategic groups (including media, consumers and carers and clinicians). The needs of these groups are not mutually exclusive and potential

areas of cross reference are recognised. For each of the priority groups identified, **Action Plan 2000** sets out anticipated areas of benefit and desired outcomes, evidence base for action, who to be involved and where, other relevant policy or program initiatives and agreed national activities.

Promotion, Prevention and Early Intervention for Mental Health: A Monograph (Monograph 2000)

The **Action Plan 2000** is supported by the document **Promotion, Prevention and Early Intervention for Mental Health: A Monograph**. This document provides the theoretical and conceptual foundation for **Action Plan 2000** and discusses in more detail a number of issues relevant to its implementation. Chapters include discussion on the whole-of-lifespan approach; influences on mental health including psychosocial determinants, risk and protective factors; the international and Australian contexts; disorder-specific issues; consumers' perspective; and principles of good practice.

Both documents can be viewed at the Auseinet web site **http://auseinet.flinders.edu.au** To order copies visit **www.mentalhealth.gov.au** or telephone **1800 066 247**

National consultation process for the implementation of the "National Action Plan 2000" and "Monograph 2000"

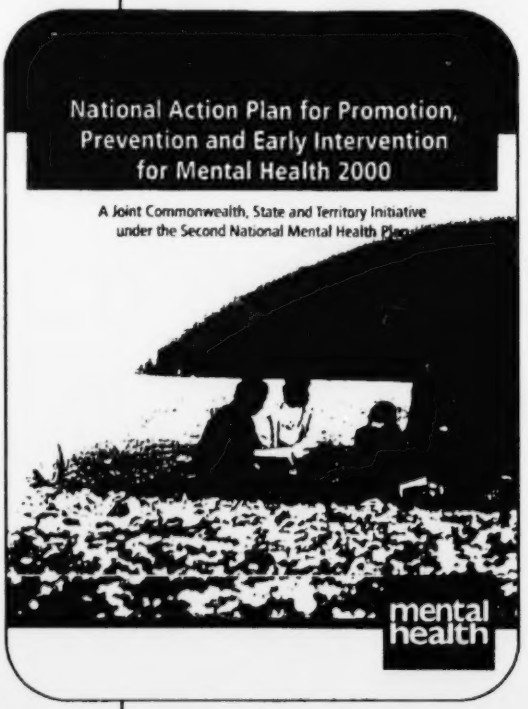
Auseinet is coordinating the consultation process for the implementation of the **Action Plan** and **Monograph 2000**. In collaboration with the **National Mental Health Promotion and Prevention Working Party**, Auseinet will be conducting face to face consultations in each state and territory. These consultations will be part of a broader forum in each state and territory to raise the profile of the documents, facilitate ownership of them at the community provider and funder levels and to showcase current initiatives. A list of contact persons in each state and territory, forum dates and a summary of activities will be posted on the Auseinet web site as they become available. Most of the forums will be conducted during August/September 2001.

Feedback regarding **Action Plan 2000** and **Monograph 2000** is welcomed from individuals and organisations with an interest in **promotion, prevention and early intervention for mental health.** Feedback sheets have been included in the back of the documents and can be returned to Auseinet.

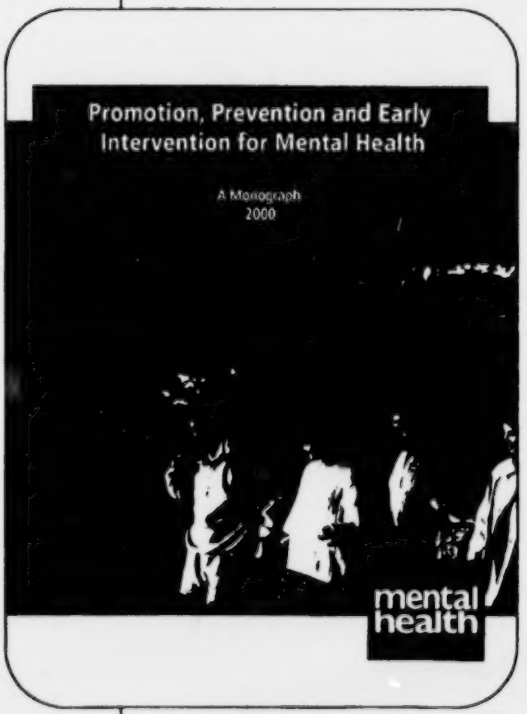
For further information on the consultation forums or consultation process, please contact Jennie Parham at Auseinet on

Tel: (08) 8404 2995 or

Email: jennie.parham@flinders.edu.au


National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000
A Joint Commonwealth, State and Territory Initiative
mental health

National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 document



Promotion, Prevention and Early Intervention for Mental Health: A Monograph 2000 document

Auseinet Seeking

Expert Consultants -

Auseinet is seeking to develop a pool of academics and expert consultants who are willing to contribute to the Auseinet project in a consultancy role. Expressions of Interest are being sought from people with demonstrated expertise in the areas of mental health promotion, prevention, early intervention and suicide prevention who are interested in contributing in any of the following ways-

- **providing expert advice**
- **writing documents or articles**
- **editing material**
- **reviewing publications**

Information about the Auseinet project is available on our web site **http://auseinet.flinders.edu.au**

Further enquiries:
Jennie Parham
Tel: (08) 8404 2995 or
Mob: 0421 050 401

Expressions of Interest should include area of expertise and a current CV and be sent to:

Auseinet C/- Southern CAMHS, Flinders Medical Centre, Bedford Park, South Australia 5042

Expression of Interest - Project Officer Indigenous

FLINDERS UNIVERSITY
Faculty of Health Sciences
SCHOOL OF MEDICINE

EXPRESSION OF INTEREST

Auseinet is currently seeking expressions of interest for the following position:

PROJECT OFFICER
INDIGENOUS
Higher Education Officer Level 7
(Fixed-Term) $42,813 - $46,024 pa

Duties include managing activities to engage Indigenous, rural and remote communities in the project, and establishing consultation processes, collaborative activities and involvement of peak groups and organisations to ensure that project materials are accessible and appropriate to Indigenous Australians and people living in rural and remote communities. The project officer will assume day to day responsibility for the activities associated with the position to ensure that Auseinet has a significant and sustainable national impact.

Further information about the position is available at http://auseinet.flinders.edu.au or by contacting the **Auseinet office Telephone:** (08) 8404 2999.

Further enquiries:

Jennie Parham
Tel: (08) 8404 2995 or
Mob: 0421 050 401

Professor Graham Martin
Tel: (08) 8404 2999

Expressions of Interest including a current CV and the names and contact details of 3 referees should be sent to the address below by **Friday 29th June 2001:**

Auseinet C/- Southern CAMHS,
Flinders Medical Centre, Bedford Park,
South Australia 5042

Web site: http://www.flinders.edu.au

Auseinet

EQUAL OPPORTUNITY IS UNIVERSITY POLICY

TELL US WHAT YOU'RE DOING

Life Promotion in a Remote Indigenous Community -

Gary Robinson, Director, Centre for Social Research, Northern Territory University, Darwin

From 1997 to the present, the Tiwi Islands have been the site of one of four Aboriginal Coordinated Care Trials (CCT) held across Australia. The Tiwi Health Board is the principle stakeholder and Tiwi community representative for the Tiwi CCT; the Board is the manager and chief provider of health and community services to the populations of Melville and Bathurst Islands (around 2,000 persons, of whom some 90% are Tiwi Indigenous persons).

During the period of the CCT, the Tiwi Health Board has invested significant resources in the area of public health services and related community programs. In 1999 a coronial inquiry was held into four suicide deaths which had occurred in one community in the preceding year. There have been a number of other completed suicides in the following two years in the same and in other Tiwi communities. These events crystallized the need for improved response to suicide and self harm among young people.

The Board has sought to reduce sources of risk and opportunity in the communities and it has redeveloped clinical mental health services previously provided by Territory Health Services, augmenting them with **Life Promotion** initiatives which utilize local Tiwi persons as Life Promotion Officers. The Board has also supported the development of youth initiatives including the formation of a **Tiwi Youth Council**. It has most recently sought and received Commonwealth funds for an expansion of youth initiatives aimed at contributing to a reduction of suicide and self harm and at increasing general wellbeing among Tiwi youth. The Board has also stipulated the requirement for comprehensive evaluation of the initiatives.

The Tiwi Life Promotion workers have decided to develop their own approach to school based early intervention, adapting a model based on the Victorian Parenting Association's ***Exploring Together***. They have begun to redevelop the methodology and evaluation instruments to take into account Tiwi culture and understandings. Other elements of the program include youth crisis and youth leadership initiatives to complement existing Life Promotion activity. The cultural context presents both challenges and opportunities. The projects are well supported by the Indigenous Health Board, and Tiwi community workers are willing contributors to them. However, Tiwi culture does not share many of the presuppositions of non-Tiwi society concerning the nature of the key problems and the appropriate means of responding to them. The school-based program needs to be able to work with very different notions of parental and family responsibility for children and therefore different potentials for family and parental participation in the project - not to mention the response of children to the materials and processes of group work. The Tiwi project workers are key players in the development of what should be an innovative approach to the problems of a remote community.

There may be some doubt about whether the program can have a measurable impact on youth difficulty, particularly suicide, within the next two years. There are powerful currents of social change at work in Tiwi society, as well as continuities in many of the basic patterns of everyday life. These can not be simply steered by services and interventions. However, the Tiwi Health Board's interventions are part of a realignment of institutional interests within the Tiwi community, an indication of community concern and self-assertion which over time can make a difference to young people. If successful, they will demonstrate what can be done with creative use of funds (through the CCT) to support Indigenous community responsibility for action.

The Tiwi Life Promotion Evaluation Project is seeking to attract a candidate to conduct research towards a Doctor of Philosophy in a discipline relevant to the evaluation of life promotion and suicide prevention initiatives on the Tiwi Islands, in the Northern Territory. Please see following article for more information.

The Tiwi Life Promotion Evaluation - Information on prospective postgraduate project

The Tiwi Life Promotion Evaluation Project is seeking to attract a candidate to conduct research towards a Doctor of Philosophy in a discipline relevant to the evaluation of life promotion and suicide prevention initiatives on the Tiwi Islands, in the Northern Territory.

The evaluation project is funded by The Cooperative Research Centre in Aboriginal and Tropical Health (CRCATH) and is based in Darwin at the Centre for Social Research, Northern Territory University. A suitable candidate will be eligible to apply for a postgraduate research award from CRCATH commencing during the current year from June 2001 and will be enrolled at NTU under the supervision of project team leaders.

The successful candidate will be able to demonstrate potential for excellence in research. He or she may have a background in social science, anthropology, mental health or related areas of study/professional work. In addition to other research skills, it is highly desirable that the candidate be able to demonstrate an aptitude for qualitative field research, preferably with experience working with Indigenous people.

The field of study towards the PHD may be the subject of some negotiation. However, it is likely that it will be located in the area of research linked to the mental health program and the development of analysis of the social and behavioural correlates of self harm; it will also involve ethnographic work with Life Promotion personnel, Tiwi young people and/or clients of the health services.

Interested persons should send a brief curriculum vitae stating interests, relevant skills and qualifications, publications or prior research, if any. Briefly outline why and how you would like to contribute to a project of this kind.

Contact:
Dr Gary Robinson
Director, Centre for Social Research
NTU, Darwin, NT 0909

Tel: (08) 8946 6893
Fax: (08) 8946 7175
Email: gary.robinson@ntu.edu.au

A Positive Approach to Men's Health

Dennis McDermott, Men's Health Information and Resource Centre, University of Western Sydney

The heightened interest in men's health of the last ten years has led to the spread of two 'facts': **"Men die at a greater rate than women in most age groups"** and **"Men won't use health services"**. The first is factual. As NSW Health says in its document of last year, *Moving Forward in Men's Health:* "Men in NSW die from nearly all non sex specific leading causes at higher rates than do women". The second is a furphy, an over simplification of complex phenomena.

Evidence emerging from a number of recent studies, both here and overseas, suggests that adoption of a view of men as recalcitrant users of health services - the historic line, the 'received wisdom' - is simplistic. When the sometimes reluctant interaction of men and health services is more systematically explored, fresh insights are gained into what barriers exist, what appropriate services might look like and what constructive approaches might actually engage men with the health system.

Increasing the participation of all population groups in health services is the stated aim of most modern health services. There is a real need to consult men, themselves, as consumers.

The Men's Health Information and Resource Centre (MHIRC) is a pro-social health initiative based at the Richmond campus of the University of Western Sydney. Where many health services perceive men as lacking the range of attributes necessary to maintain their health, MHIRC, funded by NSW Health since 1999, questions such a deficit model of men and adopts a more positive approach. Amongst our other activities, we are currently conducting research into men's perceptions of health services.

MHIRC will host ***Men Fully Alive***, the 4th National Men's and Boys Health Conference from 26-29th September 2001. Preceding the conference at the foot of the Blue Mountains, on campus at Richmond will be ***The Cleverfella***, the 2nd Indigenous Male Health Convention.

At our web site: www.menshealth.uws.edu.au you'll find information about us and the conferences. Our e-newsletter, *The Good Oil*, on what's happening in men's health, is also available. To subscribe send an **Email to: menshealth@uws.edu.au**

Cycle For Life - "Cycle Oz"

Seven Australians commit suicide each day, but far more of the nation's attention is spent on preventing road deaths.

It is a situation 23 year old Ben Carey wants to address and he is willing to contribute a year of his life doing so.

Ben Carey has embarked on a bicycle ride around Australia - across 21,838 km in 365 days averaging 60km a day - to spread the message that suicide is preventable.

Ben holds a Bachelor of Sports Science from the University of NSW. Ben's decision to take a year away from his home in the Blue Mountains was prompted by a close friend's suicide three years ago.

"Ever since his death, I have been looking for a way to create more awareness of the problem of suicide. I decided to ride around Australia to also help deliver the message to the people of Australia that exercise can be an extremely powerful tool in the fight against depression."

Ben will visit 183 communities and record personal stories relating to suicide, hoping to encourage a more open debate.

Ben is hoping that he can raise $1 million from donations and corporate sponsorship. This money will assist Suicide Prevention Australia (SPA) to establish a toll free National Hope Line. Suicide Prevention Australia is a national non-government umbrella organisation supporting and assisting individuals and organisations throughout Australia in providing resources and training programs of education and awareness in suicide prevention, intervention and postvention.

For more information Cycleoz has a web site at **www.cycleoz.com**
To make a donation please contact **Suicide Prevention Australia (SPA)**,
Tel: (02) 9211 1788
Email: conference@suicidepreventionaust.org

Cycle For Life
Bike Ride Around Australia

Young People & Groups

What have self-help support groups got to offer Australia's young people?

This is the very question Ann Dadich wants to answer. With the support of the **NSW Association for Mental Health** and the **University of Western Sydney**, Ann is involved in an extensive project to determine if young people are involved in these groups and what they are getting out of their involvement.

She hopes to talk to young people aged between 15 and 24 years who are or have been involved in a self-help support group (particularly around issues of mental and emotional health), to learn about their experiences.

"Youth mental health is a high priority in Australia. We have a responsibility to examine the various ways young people can access support. No one has yet looked at what self-help support groups have to offer Australia's young people. So, whether a young person has positive or negative things to say, I'd really like to learn what these groups offer young people. This information could be of particular benefit to others".

If you would like to be involved in the project, or perhaps know a young person who has been involved in a self-help support group.

There are various ways young people can be involved. They can:

- **Have a chat with Ann;**
- **Be involved in a focus group with other young people; or**
- **Write about their experiences.**

Confidentiality will be assured!

So contact Ann and be part of this great project!
Tel: (02) 9920 7500
Email: a.dadich@uws.edu.au

COMIC

Supporting Children of Parents with a Mental Illness -

COMIC is made up of a group of adults who have a common interest for children of parents with a mental illness. The group formed in February 2000 and has now begun to lobby and advocate for the rights of these children and the ill parent whom they feel have insufficient acknowledgement, education and support by services. Comic aims to change the culture surrounding mental illness within both mental health services and the broader community therefore contributing to de-stigmatisation and giving children of a parent with mental illness a higher focus.

Comic's purpose is to promote heightened awareness that these children exist and that they could be affected by the illness of the parent. They also believe that children will be better supported by inter agency collaboration and aim to promote effective linkages between services. Comic is an advocating body for the rights of the child.

Paula and Nerrelle who are founding members of Comic believe that children of parents with a mental illness are largely unrecognized and unsupported and are therefore at greater risk of becoming statistics in the mental health system. Evidence shows that 50% of children with parents with a mental illness will themselves become mentally unwell. Targeted support for these children is therefore necessary as an early intervention strategy for mental illness prevention.

Comic can be contacted at the following address :
Paula and Nerrelle
c/- Mental Health Resource Centre
PO Box 310 Marleston SA 5033
Tel: 08 8221 516
Web site: http://aicafmha.net.au/consumers/comic/htm

South Australian Sibling Project - Update

The Sibling Project was established in 1999 to develop and coordinate services for siblings of children with disabilities and chronic illness. Without early intervention these children are at risk for a range of mental health problems including withdrawal, pressure to be the 'good child' and/or superhelpful, pressure to achieve, disruptive behaviours and/or problems at school, depression, anxiety.

With appropriate support, these children are able to adjust much more positively to the range of stressors they need to deal with. Unfortunately, they rarely access services for the following reasons:

- "survivor guilt" - a sibling may feel their problems are insignificant when compared to a sibling with special needs
- their problems are not easily recognised by parents who may be preoccupied with the child with special needs and too stretched emotionally themselves to cope with a sibling's needs
- their problems are largely unrecognised by society and there is a lack of understanding amongst service providers of the sometimes complex issues for siblings.

In late 1999 the Projec. produced a discussion paper and in late 2000, a short report on the activities of the Project and directions for the future. These have been posted on Auseinet's einet discussion list but if anyone would like a copy of either please contact the Project as below.

At present the Project has obtained funding which will enable it to expand its activities over the next 12 months. Activities planned include:

- Upgrade the web site
- Produce a manual for facilitators of sibling support groups
- Produce training materials to raise awareness of sibling issues amongs service providers
- Collect information about what services are available to siblings around Australia (this information will be placed on the web site)
- Continue the provision of clinical services for siblings through the Dept of Psychological Medicine
- Run sibling support groups or provide support to others wishing to do so
- Collect a reference library and database
- Manage the Australian Sibling Network, an internet discussion group for service providers working with families where there is a child with special needs
- Provide presentations to service providers, parents on sibling issues and how to best support them
- Network locally, nationally and internationally

As part of collecting resources and in an effort to increase networks/collaboration a letter and feedback sheet have been sent out to a range of organisations and individuals. The feedback sheet includes information about resources and services available for siblings around Australia. It also provides an opportunity to express interest in the Project and be involved in future activities (eg information sessions, training etc). If you are involved in support for families or know of others who might be interested in completing this sheet, or would like further information, please contact the Project.

Kate Strohm
South Australian Sibling Project
Dept of Psychological Medicine
Women's and Children's Hospital
Tel: (08) 8204 6737
Email: sibproject@wch.sa.gov.au

New National Database of Mental Health and Community Services

Conrad Gershevitch - Assistant Director, Special Access Programs and Program Manager for the database in Mental Health and Special Access Programs Branch (Canberra)

There have been rapid developments in recent years in telecommunications and computing software which offer exciting and new opportunities to convey information and to provide support to both service providers and to the community. Under Australia's National Mental Health and National Suicide Prevention Strategies, combined funding is being directed to the establishment of a national database listing approximately 25,000 mental health, health, community, allied and emergency services across Australia.

Collected and regularly updated over many years, principally by Lifeline Australia but also Kids Help Line's network of telecounsellors, this database represents the establishing infrastructure for the new service. These service providers offer assistance to callers on a wide range of issues which may impact negatively on their life coping and resiliency skills. As such, the kind of referral services listed in the database are very wide, ranging from emergency services, to mental health, drug and alcohol services to self-help and advocacy groups.

The purpose of this project is to make the data more readily available and to help ensure its relevance to a broader range of users. In the first instance this will be to partner organisations participating in a trial of the new operating environment. If the trial is successful - and the various technical, access and confidentiality issues are fully addressed - it is intended that this resource will be made available to the general public via the portals of the partner agencies (the Commonwealth Department of Health and Aged Care, Lifeline Australia, Kids Help Line and Reachout!). It should also be scalable to other government or non-government organisations interested in gaining more comprehensive access.

This initiative is seen as innovative and exciting by both government and non-government participants and is supported by the National Office of the Information Economy which has also been involved in the development of the project and selection of the software developer. This is a practical example of government agencies working in partnership with community organisations, utilizing the online environment to develop new, efficient, innovative and empowering services.

Given the participation of youth-oriented service providers in this pilot, it is anticipated that the database will be a useful repository of referral information for other services across Australia who work closely with young people, their families and carers.

It is anticipated that the piloting of the project should be completed before the end of 2001.

Conrad Gershevitch
Tel: (02) 6289 7722

For IT specific enquiries concerning this project please contact:
John Franze
Tel: (02) 6289 7042

Adelaide Festival of Ideas

12 - 15 July 2001
ADELAIDE

The 2001 program follows the inaugural 1999 Adelaide Festival of Ideas which provided a provocative series of public conversations, debates and talks on a variety of issues. Themes for 2001 are water, population, reconciliation, addiction/intoxication, cosmology.

Over 25 speakers will participate in the 2001 event including Fran Baum, Director of the Community Health Research Unit, Flinders Medical Centre, SA; Marcia Langton, Authority on contemporary social issues in Aboriginal Affairs; Virginia McGovern, Addiction specialist, Lethbridge University, Canada; Sir Ronald Wilson, Former High Court Judge and President of the Human Rights and Equal Opportunity Commission and Sadie Plant, Author and social commentator on a wide range of issues including drugs and techno culture.

For more information check the web site:
http://www.adelaidefestival.org.au/red/html/main.html

depressioNet.com.au
Information, Help & Support Online

DepressioNet.com.au is an independent Internet site that provides information, help & support for Australians with depression and their family and friends.

As well as the Internet site there are a 'team behind the screens' who are available 24 hours a day. DepressioNet is not a counselling service, it is supported by people who understand.

DepressioNet's major objective is to reduce the impact of depression on the lives of Australians through education, awareness and by ensuring that people of all ages and backgrounds have somewhere they can turn.

As a result of the independent and non-commercial nature of depressioNet, it has been able to make a difference by providing:

- **education on depression as an illness and options for treatment**
- **practical suggestions for dealing effectively with depression**
- **the opportunity to share experiences**
- **inspiration and hope with 'success' stories from real people**
- **forums for anonymous communication**
- **information on relevant available resources**
- **personal responses to emails within 8 hours, 365 days a year**

In February depressioNet became Australia's Number 1 Ranking Internet Health site. Most importantly, the response from visitors has been overwhelmingly positive. DepressioNet receives over 1000 visitors each day, over 80% of these from Australians all over the country ranging in age from 15 to 60+.

To cope with the ever-increasing demands depressioNet's new messageboard and chat room will be delivered in June. The new chat room will have 5 rooms with ***24-hour moderator access.***

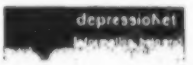
While the depressioNet project has been individually financed since it commenced in June 2000, it is now accepting sponsorship. All sponsorship must be in line with the depressioNet philosophy and cannot compromise either in practice or perception the independent nature of the site and project. This will allow depressioNet to continue to deliver it's current service and to move forward on the projects planned for the next 12 months.

If you know of a service that may be of interest and/or help to Australians with depression and associated conditions, please let us know so that we can include information about this on **depressioNet.com.au.**

As finalists in the AFR Australian Internet Industry Awards 2000 we are also willing and able to assist other organisations and groups to have an Internet site where cost has been a restriction.

Wallet cards with the **depressioNet.com.au** internet address and brochures are available for distribution.

For further information please contact
Leanne Pethick on:
Tel: (03) 9898 9165 or
Email: lpethick@depressioNet.com.au



BOOK & OTHER RESOURCE REVIEWS

A Word from the Author - Growing Up Today is Challenging

Diane Brokenshire

Never before has it been more important for young people to have good communication skills, coping mechanisms, healthy relationships and the ability to say, "I need help!" Sadly, many young Australians lack these skills and for those who are also adversely affected by some major problem in their personal life or at home, life can be very hard, confusing and lonely. **The statistics are alarming:**

- **One out of three young people are victims of some form of abuse**
- **Almost half of all young Australians come from a broken home**
- **Some live with excessive fighting and violence**
- **One out of five children are victims of bullying**
- **One out of seven go home to an alcoholic parent or drug user**
- **One out of five young people have or will develop a mental illness**
- **Over half of young Australians have a negative body image**
- **Australia has one of the highest rates of youth suicide in the world**

If you're reading this article, you have most likely survived your childhood and all its traumas. Chances are, it wasn't easy.

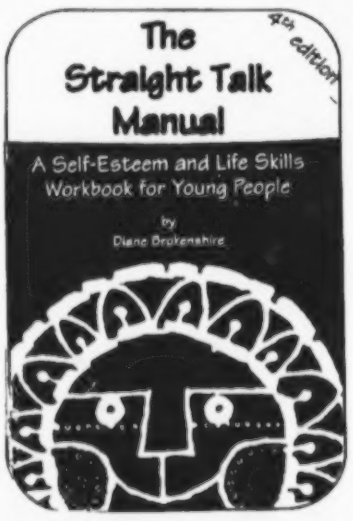
My two brothers and I were raised by our mother who at the age of 42 was diagnosed with manic depression and schizophrenia. Looking back, it's easy to explain why she was so unhappy. At the age of 29, she was the one who discovered her young husband dead in his car from an intentional overdose of pills. She never received any counselling or support and the way our family chose to deal with this tragedy was to pretend it never happened.

As a child, I remember my mother's doctor giving her Valium and other prescription drugs for her depression. He didn't know that she was also an alcoholic. When she mixed these substances, (which was often) her behaviour became unpredictable and sometimes violent. My brothers and I lived in a constant state of fear.

The point of all this is that if young people count on adults to know when they're in trouble, they could wait a long time for help. Often there are signs of problems or distress but sometimes signs go unrecognised. If a young person is in trouble it's imperative that they get the help they need by asking for it.

I wanted to do something to help. Becoming a teacher gave me the exposure to young people but I was more interested in interpersonal skills than academic achievements. In 1990 after moving from San Francisco to Tasmania, (from one extreme to another!) I started up an after school self-esteem building workshop for children and called it, "The Straight Talk After School Club". Over 250 children graduated from these six-week courses and the feedback was excellent. Each participant was given a little workbook filled with quizzes, questions, activities and tips and I soon discovered that these workbooks became a treasured item. It became my dream to create a comprehensive workbook for young people and here it is, now in its 4th edition, ***The Straight Talk Manual.***

Read a review of ***The Straight Talk Manual*** over the page.



The Straight Talk Manual

Straight Talk
Manual 4th Edition

REVIEW

Sue Healy - Primary and secondary school Teacher and Counsellor, Aberfoyle Park High School, SA

An excellent, practical resource for use by teachers of young people in upper primary levels and up to year 9. Parents and youth workers may also find this resource useful. The manual, developed in a flexible and appealing worksheet format, provides useful ways of beginning exploration in promoting positive mental health whilst tackling some challenging issues. Each topic is developed in ways pertinent and adaptable to different age groups and across a range of classes, as part of the broader health curriculum. Some of the material requires sensitive handling - for instance, a section on alcohol, drugs and addiction contains a risk assessment for students to complete. This may be controversial in some school environments if not used cautiously.

The ***Straight Talk Manual*** includes information and activities relating to friendship, communication, values, feelings, self-esteem, stress, healthy body, alcohol and drugs, death, separation and divorce, bullying, personal safety, disabilities and finding help. It also includes a chapter on basic counselling skills and tips on how to recognise and respond to children in trouble.

The $54.00 purchase price allows for photocopying. This makes it possible to create many workbooks from the one.

The newly released, ***Straight Talk Game*** (for all ages) is a fun activity which aims to improve communication and empathy skills. It's ideal for a small group or as a one-to-one activity. Purchase price $24.00.

For more information contact:
Straight Talk Publishing
GPO Box 872
Hobart, Tasmania 7001
Ph/Fax: (03) 6267 1995
Email:
brokenshire@trump.net.au

Joe's Diary
A SANE Guide for Young People

Joe's Diary

ISBN:1875182659
Published: SANE, 2001

This book is written in the form of the diary entries of Joe, a young person who has a mother with schizophrenia. It outlines the journey Joe and his mother make over a year. Joe explains the process of learning he goes through in accepting his mother's illness and provides practical tips for seeking help and support.

The book is aimed at young people who have a parent with a mental illness.

Copies of Joe's Diary are available for purchase from SANE:
Tel: (03) 9682 5933 or
Order online: www.sane.org

Together We Do Better
Campaign Partner Pack

Together We Do Better

Produced by Vichealth the ***Together We Do Better*** Campaign pack was designed to help interested parties promote mental health in their community, organise local events and to run a media campaign.

The pack contains information on the ***Together We Do Better*** Campaign, answers to frequently asked questions, sample media releases, fact sheets and tips for events and activities.

The ***Together We Do Better*** Campaign will be launched mid year 2001 with a series of 3 print advertisements and 6 radio announcements throughout Victoria.

Copies are available from VicHealth:
Tel: (03) 9667 1333 or
Download Online:
www.vichealth.vic.gov.au

On The Web:
Reviews & Other Sites

Web Site Reviews
Australian

Headroom - www.headroom.net.au
Australian site about promoting positive mental health. Provides a range of mental health information to young people and to those working with them. The site is divided into 4 'rooms' each aimed at a different group: Kitchen - Professionals and Service Providers; Family Room - Parents and Friends; Lounge - Children aged 12 - 18years and Cubby house - children aged 6 - 12years. Includes a list of 24 hour emergency contacts numbers as well as links to other sites. A very colourful and easy to navigate site.

Here for Life - www.hereforlife.org.au
A very colourful Australian site. **Here for Life** is a Youth Suicide Prevention organisation based in Victoria. The site provides information on it's programs, "Life's a Ball" and "Express Yourself", information about suicide-before and after, contact details for help organisations, an online newsletter, stories and poems, media releases including youth suicide statistics and a photo gallery.

Yellow Ribbon Program - www.yellowribbon.org.au
The **Yellow Ribbon program** is a help seeking/peer support program aimed at young people. The program is based on the message; "It's OK to use the four letter word - HELP". A main feature of the program is the Yellow ribbon card, which young people pass on to someone when they need help. The site has information about how to get involved, who's already involved, news and events. It also provides the opportunity to share and read others' stories. Help organisation contact details are also listed.

Make a Noise - www.makeanoise.ysp.org.au
Make a noise is a Youth Suicide Prevention project in New South Wales. The focus of the project is on young people making decisions about their health and taking responsibility to keep themselves healthy. The site provides information about healthy minds, healthy bodies, alcohol and other drugs and sexual health. There is also information on life skills such as finding a job, budgeting, studying and moving out of home. Contact details of help organisations such as Kids Help line (1800 55 1800) are provided however there are only specific contact details for NSW and Victoria. Some overseas contacts are also provided. An easy to navigate Australian site with lots of information.

National Resource Centre for Consumer Participation in Health - http://nrccph.latrobe.edu.au
The National Resource Centre for Consumer Participation in Health is a collaboration between three organisations: **Health Issues Centre** (lead organisation), **Australian Institute for Primary Care - LaTrobe University**, and **Women's and Children's Hospital**, Adelaide. This well organised site provides information about methods and models of community and consumer feedback and participation and associated concepts. A number of informative consumer focus collaboration resources, including seven fact sheets developed by the resource centre based on the most frequently asked topics on consumer participation, are available.

Other Web Sites of Interest

Adolescent Health Promotion Database
www.prometheus.com.au/teen/teen.html

Australian Centre for Health Promotion
www.achp.health.usyd.edu.au

Australian Health Promotion Association
www.healthpromotion.org.au

Australian Infant, Child, Adolescent and Family Mental Health Association
www.aicafmha.net.au

Better Health Channel
www.betterhealth.vic.gov.au

Beyondblue
www.beyondblue.org.au

Child and Youth Health
www.cyh.com.au

HealthInsite
www.healthinsite.gov.au

Healthway
www.healthway.wa.gov.au

Mental Health Association (Qld)
www.mentalhealth.org.au

Rural and Remote Mental Health Service of South Australia
www.adelaide.net.au/~telemed/

Mental Health and Youth Suicide
www.youthgas.com

Conference List - June - December 2001

Annual Victorian Needle and Syringe Programs (Victoria) Conference
26 June to 27 June
Melbourne, Australia
For further information:
John Brudenall
Tel: (03) 9417 4838
Email: johnb@adca.org.au

Winter School in the Sun: Lifestyle, Values and Substance Abuse
2 July to 5 July
Brisbane, Australia
For further information:
Dinie van den Berg
Alcohol and Drug Foundation QLD
PO Box 332 SPRING HILL QLD 4004
Tel: (07) 3832 3798
Fax: (07) 3832 2527
Email: dinie@adfq.org
Web Site: www.adfq.org

Competing Visions: National Social Policy Conference 2001
4 July to 6 July
Sydney, Australia
For further information:
Social Policy Research Centre - NSPC 2001
c/- The Hotel Network
PO Box 236 Roseville, NSW 2069
Tel: (02) 9411 4666
Fax: (02) 9411 4243
Email: nspc@hotelnetwork.com.au
Web Site: www.sprc.unsw.edu.au/nspc2001

World Federation for Mental Health. World Congress on Mental Health
23 July to 28 July
Vancouver, Canada
For further information:
Dr. Chunilal Roy
1417-750 West Broadway,
Vancouver, BC, Canada. V5Z IJ4
Tel: 604 872 8719

For more information about Conferences, please look at the Auseinet Web site: http://auseinet.flinders.edu.au

No one is an island: The Mental Health Services (TheMHS) 11th annual conference
28 August to 30 August
Wellington, New Zealand
For further information:
Conference Secretary,
The MHS Conference
PO Box 192 Balmain, NSW 2041
Tel: (02) 9926 6057
Fax: (02) 9926 7078
Email: enquiries@themhs.org
Web Site: www.themhs.org/conference/future.html

Partnerships for a world of health - 2001 international rural and remote allied health professional conference
30 August to 1 September
Cairns, Australia
For further information:
Conference Organiser
PO Box 280 Deakin NSW 2600
Tel: (02) 6285 4660
Fax: (02) 6285 4670
Email: conference@ruralhealth.org.au

2001 International Rural and Remote A1 Health Professionals Conference
30 August to 1 September
Cairns, Australia
For further information:
Owen Allen - Atherton Hospital
PO Box 183 ATHERTON, QLD 4883
Tel: (07) 4091 0261
Fax: (07) 4091 3502
Email: snorky@tpgi.com.au

The power of knowledge, the resonance of tradition - Indigenous Studies: Conference 2001
18 September to 20 September
Canberra, Australia
For further information:
Dr Graeme Ward, Research Fellow - AIATSIS, GPO Box 553 Canberra 2601
Fax: (02) 6249 7714
Email: gkw@aiatsis.gov.au

Men fully alive - 4th national men's & boys' health conference
26 September to 29 September
Richmond, NSW, Australia
For further information:
Conference Secretariat UWS
PO Box 415 Richmond, NSW 2753
Tel: (02) 4570 1455
Fax: (02) 4578 4100
Email: menshealth@uws.edu.au
Web Site: www.menshealth.uws.edu.au/mfa1.htm

Our Children the Future
7 October to 9 October
Adelaide, South Australia
For further information:
Shane Maddocks, Secretariat,
Department of Education,
Training and Employment
Tel: (08) 8226 0856
Fax: (08) 8226 8226

48th Annual Meeting of the American Academy of Child & Adolescent Psychiatry
23 October to 29 October
New York City, USA
For further information:
Julie Morgan, AACAP,
3615 Wisconsin Ave NW,
Washington DC 20016 USA
Tel: 202 966 7300
Fax: 202 966 2894

Council on the Ageing Conference
11 November to 13 November
Canberra, Australia
For further information:
Council on the Ageing (ACT)
Tel: (02) 6282 3777
Email: cotact@cota-act.org.au

No suicide - Suicide prevention in youth
23 November to 25 November
Geneva, Switzerland
For further information:
Sabrina Migani
Tel: + 41 22 839 84 91
Fax: + 41 22 839 84 85
Email: Sabrina.Migani@Symporg.ch
Web Site: www.symporg.ch/conferences/2001/nosuicide/index.html

Everybody's Business Everybody's Gain: The Second Australian Conference on Building Family Strengths
2 December to 5 December
Newcastle, Australia
For further information:
Jane Yeaman or Michelle Ross
Tel: (02) 4984 2554
Fax: (02) 4984 2755
Email: tulips@pco.com.au
Web Site: www.pco.com.au/familystrengths

Publications Order Form

Auseinet has released a range of publications. They are available on our web site and can be downloaded. Alternatively they can be purchased from the Auseinet office or ordered on our web site. We also have available two videos which can also be purchased (details below).

EARLY INTERVENTION BOOKS

Model projects for early intervention in the mental health of young people: Reorientation of services. A guide for professionals and health administrators considering reorienting their own service.

Early intervention in the mental health of young people: A literature review.

CLINICAL APPROACHES SERIES

Clinical approaches to early intervention in child and adolescent mental health is an edited series aimed mainly at health professionals who work with young people, but may be of interest to others. Each volume in the series is a stand-alone document.

- **Early intervention for anxiety disorders in children and adolescents**
- **Attention deficit hyperactivity disorder in preschool aged children**
- **The perinatal period: Early interventions for mental health**
- **Early intervention in conduct problems in children**
- **The psychological adjustment of children with chronic conditions**

VIDEOS

Youth Suicide: Recognising the Signs An instructional video toward the danger signals when dealing with young people, providing practical advice on how best to approach them. A video for school counsellors, health professionals, youth workers.

Out of the Blues: A Video about Young People and Depression A training package providing examples of how young people may present and the various treatment approaches that can help.

See details overleaf for ordering.

national mental health strategy

PPEI

LiFe
Living is For everyone

Publications Order Form

AUSEINET: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health.
Postal Address: C/- Southern CAMHS, Flinders Medical Centre, Bedford Park, South Australia, 5042.
Telephone: (08) 8404 2999 • **Facsimile:** (08) 8357 5484
Email: auseinet@flinders.edu.au • **Web site:** http://auseinet.flinders.edu.au

Title	Price (inc. GST)	Quantity	Total $
Model projects for early intervention in the mental health of young people: Reorientation of services	**$16.50**		
Early intervention in the mental health of young people: A literature review.	**$16.50**		
Early intervention for anxiety disorders in children and adolescents	**$16.50**		
Attention deficit hyperactivity disorder in preschool aged children	**$16.50**		
The perinatal period: Early interventions for mental health	**$16.50**		
Early intervention in conduct problems in children	**$16.50**		
The psychological adjustment of children with chronic conditions	**$16.50**		
Complete set of above 7 books	**$82.50**		
Video - "Youth Suicide: Recognising the Signs"	**$66.00**		
Video - "Out of the Blues: A Video about Young People and Depression"	**$66.00**		

(All the above prices include postage and packaging)

TOTAL $ _____

Charge to: (print clearly) (A Tax Invoice will be provided from Flinders Uni.)

Debtors name: _____ **Organisation:** _____
Purchase Order No (if applicable) _____ **Telephone:** _____ **Facsimile:** _____
Address: _____ **City:** _____ **State:** _____ **Postcode:** _____
Email: _____
Contact Person: _____ **ABN No (if available)** _____

Fax to (08) 8357 5484 • For further information please ring (08) 8404 2999 or email auseinet@flinders.edu.au

AUSEINET • Australian Network for Promotion, Prevention and Early Intervention for Mental Health

Auseinetter

Mental Health Week Issue: October 7 - 13

"Mental Health - Let's Work On It"

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http://auseinet.flinders.edu.au

Funded under the National Mental Health Strategy by the Commonwealth Department of Health & Aged Care.

Message from the Minister...

... for Health & Aged Care, Dr. Michael Wooldridge.

I would like to congratulate Auseinet on entering the second phase of its important work in the awareness raising, prevention and early intervention aspects of mental health problems and suicide prevention.

The Second National Mental Health Plan has three aims:

- to promote the mental health of the Australian community and where possible, prevent the development of mental health problems and mental disorders;
- to reduce the impact of mental health disorders on individuals, families and community; and
- to assure the rights of people with mental illness.

I believe that the Auseinet project is key to advancing these aims and I welcome its inclusion in our portfolio of national activities aimed to lead and support the States and Territories in their work on mental health reform.

The evaluation of the National Mental Health Strategy (the first National Plan) identified several areas of recommended action. These included extending the role of consumers and carers, developing population approaches to prevention and promotion and developing information infrastructure for mental health services. I believe that the Auseinet project will make an important contribution to addressing these areas of need that were identified.

In particular, I am pleased that Auseinet will work to develop the partnerships essential to promoting mental health and reducing the impact of mental illness on individuals and communities. These partnerships will also help in developing and maintaining the networks essential for information sharing between consumers, carers, clinicians, researchers and policy makers.

There is some remarkable work being done around the country, and indeed around the world, and Auseinet is in a wonderful position to be able to harness the energy, creativity and enthusiasm of this work for the benefit of all Australians. I am pleased that the Commonwealth Government can support this work and I wish all those involved the best with continuing this important work.

Dr. Michael Wooldridge

Comment -

Jennie Parham - Project Manager

I'd like to take this opportunity to reflect on the last few months, my visits to States and Territories and participation in conferences and forums on promotion, prevention, early intervention and suicide prevention in mental health. As a relative newcomer to this arena, I've been impressed by the energy, passion, commitment and drive of those who work in this area. It is my sense that here in Australia, there is a pendulum swing, a shifting of the focus in our mental health system from illness to health. This by no means ignores or disregards illness and the need to address treatment, but recognises that health is much broader than the absence of illness.

At the recent **"Diversity in Health Conference"** held in Sydney, this shift in focus was very apparent. In the three major streams of the Conference I attended - Population Health, Suicide Prevention and Consumer/Carer Issues - even though the contexts were different the messages were consistent.

In the population health stream, Dr Peter Sainsbury challenged the conference delegates to "develop more sophisticated conceptualisations of mental health and to develop an acceptance of the political nature of mental health promotion". He stated that "mental health is highly influenced by the values, structures and processes of society". It is not just an individual issue. Dr. Rob Moodie, CEO of VicHealth further enhanced this by saying that "promoting mental health is about developing and promoting a healthy soul". VicHealth has identified, through their research, key determinants of mental health; social connectedness, economic participation and freedom from discrimination. The key messages coming through this stream of the conference were the need to have greater clarity in defining mental health and the need for strategies that promote mental health not just mitigation against illness.

The consumer stream of the conference also manifested this shift. Vicki Katsifis gave an inspiring keynote address. The story of her journey of recovery illustrated that the influential factors were social, cultural and spiritual as well as medical. The key to recovery was being valued as a person with skills and abilities not just as a person with a mental illness. Management of her mental illness was very important but was not the only factor in her recovery. Janet Meagher talked about the fact that a person can have a mental illness and also enjoy good mental health thereby demonstrating that mental health is not determined by the presence or absence of illness. This view was echoed by other consumers at the conference. The message was clear; there is a need for a holistic approach broader than just a treatment focus in promoting mental health for consumers.

The presentations on suicide prevention also highlighted the shift in emphasis from strategies and approaches that focus on reducing risk factors to strategies that focus on resilience and promoting mental health and wellbeing.

The messages from the conference were clear and consistent in expressing the need to embrace a broader notion of mental health that focuses on wellbeing. This shift requires new conceptual frameworks for understanding wellbeing and new paradigms for identifying indicators and evaluating outcomes. These challenges need to be seen as opportunities rather than obstacles to achieving a mentally healthy society.

As I visit each of the States and Territories discussing the issues associated with the implementation of the **National Action Plan for Promotion, Prevention and Early Intervention** the challenges are evident, the struggles consistent. What is exciting are the developments that take place when people move out of their comfort zone and risk finding new ways of moving forward. There are more questions than there are answers and the struggle is part of the solution. I look forward to sharing the journey.

I hope you find that this issue of *Auseinetter* stimulates your thinking in anticipation of **National Mental Health Week from October 7th - October 13th , 2001.**
The theme for the week is: **Mental Health - Let's Work On It.**
Stress Less Day and **World Mental Health Day** both occur on the same day, Wednesday October 10th. The continuing theme for World Mental Health Day is **mental health and work.** Lou Morrow and Dr. John Shephard have contributed to discussion of this theme in this *Auseinetter* issue.

BEST COPY AVAILABLE

Auseinet
Management Committee

Auseinet held it's inaugural Management Committee meeting on May 10th, 2001. The Committee is comprised of the following positions and representatives:

Chair - Prof Stephen Zubrick

Promotion, Prevention Working Party (PPWP) Rep - Ms Anwen Williams

National Suicide Prevention Strategy, NAC Rep - Prof Matt Sanders

State and Territory Reps - Ms Kym Scanlon (NSW); Ms Nikki Bushell (QLD); Victoria Rigney (TAS); Cheryl Furner (NT); Adnan Booth (Interim SA Rep); (Positions for remaining states and territories yet to be filled)

Commonwealth Reps - Ms Kerry Webber; Ms Katy Robinson

Auseinet Management Committee (left to right): Graham, Stephen, Kerry, Anwen, Matt, Nikki, Katy, Adrian (Interim SA Rep), Jennie

Changes Afoot at Auseinet

Professor Graham Martin who has been the Project Director of Auseinet since its inception in 1997 has recently been appointed to the position of Professor, Child and Adolescent Psychiatry at the University of Queensland. Congratulations Graham and all the very best in this next phase of your career. Graham commenced his new position on 3rd September 2001. What does this mean for Auseinet? Fortunately for the Project, Graham has agreed to remain involved but in a different capacity. Graham will take on the role of Project Adviser while Jennie Parham who has been the Assistant Project Director will become the Project Manager. Although a significant change, it is our hope that the new arrangements will ensure the continuation of a high quality Project.

Contributions to this newsletter do not necessarily reflect the views of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

Cover photograph: Women participating in a "Wild Women's Weekends." (Page 18)

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Einet Discussion Group

Have you subscribed to the Auseinet email discussion list? Members of the Einet list post a broad range of information relating to all aspects of mental health promotion, prevention and early intervention, including suicide prevention. Members of the Auseinet team will also be using this list as a way of communicating with a range of individuals interested in these issues on a regular basis. To subscribe, please email: **majordomo@auseinet.flinders.edu.au** In the text write "subscribe einet" in the mail message body.

Profiling Warren Milera

Allow me to introduce myself. My name is Warren Milera and I have been appointed to the Project Officer, Indigenous Issues position with Auseinet. I have been involved in the area of Aboriginal Health for approximately 12 years at various levels including community, regional and state.

Some of the positions I have held include Community Health Worker, Project Officer and a stint with the South Australian Police. I am currently in the final year of my degree in Aboriginal Community Management and Development in which I am studying by block release with Curtin University in Perth, WA. I am due to complete this at the end of this year and will graduate in February 2002.

I have an interest in the mental health area and working with the Indigenous community. Having been affected on a personal level has led me to being interested in looking for ways to assist the Indigenous community on this issue. Mental health in the Indigenous community is a very sensitive and complicated matter in terms of looking at how to address it in an appropriate way and looking at discovering the needs of the communities at large.

I am looking forward to the challenge ahead and working with some very experienced people in this field that will hopefully lead to a positive partnership in helping address the needs of Indigenous communities around mental health. Often Indigenous mental health is put in the too hard basket, but I feel with a little patience and time this will hopefully alleviate some of the stereotyping and negativity associated with this issue, not only in the Indigenous community but the wider society as a whole.

I am looking forward to meeting with as many people and professionals in the community as possible to work in line with the aim of Auseinet on the project.

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Warren Milera

Social Capital: A Relevant Concept for Mental Health Promotion in the Workplace?

Lou Morrow - Auseinet Project Officer

Background

I set out on this exploration (no doubt influenced by the current enthusiasm for the concept) to discover a meaning of social capital for mental health promotion and to find examples of building social capital in workplaces. It turns out (probably unsurprisingly to many of you) that it is not as simple as that. Notions of social capital are so wide, diverse and vast that they are in danger of rendering the construct at least very weak or meaningless in terms of utility in practice.

As well as turning to the extensive literature in the area I sought the views of subscribers to the einet[1] and vichealth[2] email lists - specifically looking for examples of social capital building in action from workplaces around the country. I put the following question out to those lists...

"Social capital is an appealing concept for mental health promotion but what does 'doing it', i.e. building social capital, mean, for instance in a workplace? Does anyone know of any such workplace initiatives?"

The response was unanticipated and I have been quite astonished at the number, diversity of sources, roles, disciplines, intersectorality and willingness by subscribers to the lists to engage. There is no doubt that this constitutes a demonstration of sharing, networking, community in action, capacity building, community engagement - manifestations of social capital in fact.

Ironically the Internet and other information technologies are often perceived to be isolated from and destructive to the social dimension - something I probably would have subscribed to before this experience. However, despite my enthusiasm to leap to naming this powerful process social capital building in action, to do so is questionable and is the kind of common conclusion which weakens the usefulness of social capital as a concept according to Hawe and Shiell (2000).

The Evocative Nature of Social Capital Language

The language of social capital is interesting and powerful rhetoric which appeals to divergent political interests by straddling the economic and the social. Its power to appeal lies in its value as a metaphor (borrowing the key notion of accumulation of assets enthusiastically from economics) and as sentiment (an association with the 'warm and fuzzy', and a tendency to encompass all that is good). Its use is evocative and draws on a pervasive sense of its absence, or decline, in a world dominated by economic interests. The language of 'community' works in much the same way.

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An examination of the discourse of social capital, and the way it is written and spoken about, may well conclude that the language of social capital is a mischievous rhetorical device, as critics questioning the motives of the World Bank and its advocacy of social capital might do. Though I am so inclined usually, I doubt this interpretation would capture the present power and wide appeal of social capital rhetoric and, like Hawe et al.(2000:874), I am undecided "whether it matters what the motives of the World Bank are if it succeeds in its objective of promoting health as well as social and economic wellbeing".

Social Capital - Evolution and Definitions of the Concept

There is little that is new in the idea that membership of a group confers obligations and benefits on individuals. That involvement and participation in groups can have positive consequences for the individual and the community is an insight present in sociological theory since its beginnings, for instance Durkheim's analysis of group life and the class analyses of Marx. Indeed, throughout the history of human life this insight is evidenced in social arrangements of villages, clans, groups, kinship and the like.

The current popularity of the social capital concept makes me reluctant to restate and labour over the major definitions which infuse contemporary thinking, definitions now mainstreamed as the 'glue' which holds communities together. The renewed interest in social capital is typically traced to one of three sources: Pierre Bourdieu, James Coleman and Robert Putnam. (Bourdieu 1986, Coleman 1988, Putnam 1993). While each of these authors provides a similar definition of the term social capital there are significant differences in meaning especially with regard to the ideological underpinnings and implications of each definition.

Social capital is often written and spoken about as if it were value neutral. Portes (1998) makes the point that this is one way of masking ideology and intent behind different interpretations. Despite the differences in interpretation the consensus in the literature is that:

"Social capital stands for the ability of actors (individuals, groups) to secure benefits by virtue of membership in social networks or other social structures." *(Portes 1998:3)*

A further refinement emerging in some interpretations is the debate whether or not the fruits of social capital are for public good or exclusive group benefit. Cox (1995) argues that collective actions of groups and social relations which do not lead to positive public good are not in fact social capital but simply collective action. The activities of the Mafia, Ku Klux Klan or an anarchic group achieving group benefits through collective violent action, are commonly cited as the downside of exclusive group activity.

Cox is particularly persuaded by the work of Putnam in this regard (Cox 1995; Putnam 1995). Cox's qualification of public good may well be an unentitled qualification which the concept of social capital rooted in groups and norms and trust does not allow. Group norms and trust are equally able to be used in the pursuit of interests other than the public good, and clearly private interests can be at the expense of, or in conflict with, the public good. The concept of economic capital has no such requirement of public good or morality. Business, ethnic, and union enclaves are some of the examples cited by Portes (1998) as securing benefits for members of a particular group by mechanisms of social control and inclusion/exclusion practices. The group enforces rules over individual freedoms to secure benefits for its members.

These dimensions (social control and inclusion/exclusion) of social capital might resonate loudly for those experiencing the stigma and isolating effects of having a mental illness in this society (including as an employee in a workplace) and for those involved in mental health service delivery who are well familiar with the results of such effects - or ought to be. A central theme for service users is their experience of the stigma and discrimination associated with mental illness and the denial of rights of citizenship (Sayce, 2000). As Sayce comments, ***"for many people... life is a series of interlocking, often mutually reinforcing exclusions"***. (Sayce 2000:5) There is a long tradition of documenting the impact of social relationships on health generally and increasingly mental health, especially with regard to marginalisation.

Social Capital and Economic Rationalism

Many writers highlight the appeal of social capital rhetoric to market driven Western governments with an affinity for economic outcomes over social outcomes. The conviction of 'second generation' economic reform is that good economic outcomes will be followed by good social outcomes - social capital creates local economic prosperity (Fukuyama 2001). Proponents of this view argue that social capital is free, requires no natural resources and no labour costs.

Along these lines Wilson (1997:745) argues that the decline in social capital lies behind the ***"psychological, spiritual and economic malaise in communities throughout the world".*** According to Wilson, the 'bottom line' is the most compelling rationale for urgency in building social capital. What she doesn't make explicit is that, in 'second generation' economic reform, existing social capital in communities will have been destroyed (by economic restructuring or war for instance) in order to be rebuilt.

The appealing rhetoric of social capital masks that the acquisition of economic capital may be at the expense of social capital - capturing the noun by eroding the adjective. An example of this at the time of writing is the announcement that Australia is the fastest growing economy in the Western world alongside news of the loss of 80,000 full time jobs (offset by 66,000 temporary part-time jobs as Census collectors). I suppose a social capital Pollyanna might argue that, by being thrown together sharing a common fate and exclusion from the larger social group, the unemployed workers in this instance will learn to identify with each other and support each others' initiatives - but I won't. I agree though that there may be fine examples of social capital building - community action and rebuilding, in rural towns for instance, after industries have closed precipitating mass unemployment, closure of services, social disintegration. In effect, large-scale destruction of social capital for economic capital gains, elsewhere.

Social Capital and Community Development

Applying the concept of social capital (as a practice rather than outcome) to collective

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community action and solid community development practice is argued as unhelpful by Labonte (1999). In his view social capital doesn't exist - we are busy creating it. Confusing the definition of social capital with its effects should make health promoters extremely wary. Despite social capital's appealing conceptual garb, Labonte believes that calling these important community development processes social capital building (rather than manifestations of it) reflects a desire that social capital is the panacea which will provide a ready remedy to major social problems. Community developers have a long tradition of such work and Labonte warns that "we shouldn't let pursuit of the 'best' idea (spray on solutions), get in the way of many good ideas we already have" (Labonte 1999:7). As a further guide to practitioners (as in the instance of building social capital in a workplace) Hawe et al. (2000) caution a serious consideration of the values and meaning of the pursuit:

"Each time the term is used one needs to question what message lies under the rhetoric: to what purpose is the advocacy of social capital aimed."

(Hawe and Shiell:874)

(Cowen 2001) warns that the use and misuse of positively valenced 'in' terminology often reflects a need to align with a 'cutting edge' movement. Over-identification with 'in' terminology tends to break down communication, confuse rather than clarify, and ultimately retard a field's growth and progress.

Social Capital, Mental Health Promotion and the Workplace

These kinds of cautions were inferred by participants in my engagement with subscribers to the einet and vichealth email lists as succinctly articulated in the following observation:

"strategies we sometimes forget (which) have positive mental health outcomes for staff, have been long undertaken - well before building social capital (particularly around mental health) was articulated as an outcome." ***(Personal communication, Rebecca Coleiro)***

It turns out that many of the workplace activities mentioned by people might be better named community development rather than social capital strategies, though the point is superfluous. Most of the activities identified were recognised by contributors themselves as building social capital in their workplace, though not strategised or spoken about in such terms. The activities ranged from the humble footy tipping competition to women's mentoring programs, to a place that had a staff room with a work station set up so that a staff member who had an emergency problem caring for a family member (any age - not just children) could work in a family type environment and act as carer. Most responses were actually about empowerment and capacity building, building relational ties, and participatory place making. 'A participatory place' (endorsed as an organisational objective) could perhaps be a most useful way of defining purpose, values and activities for a workplace mental health promotion strategy (although the specific meaning of participation in a particular workplace is a matter for the people in it). One such purpose, valuing and direction, which might be classified as a national imperative, came to mind in the following contribution to my initial inquiry about social capital in workplaces.

Leanne Pethick (personal communication) creator/Managing Director of ***depressioNet***[iii] in her response to my vox pop, wrote of her experiences of the stigma she and others felt in the isolating effects of mental illness in the workplace. ***"It was finally the suicide of a ... colleague... that gave me the courage to leave a comfortable corporate lifestyle to create depressioNet".***

What was also clear from many of the responses is that workplaces making an investment in social capital were doing so by economic investment in their organisational processes, people and quality of life. Contrary to popular claim, (part of the appeal of the rhetoric), social capital is not free.

Conclusion

With the observance of the cautionary remarks noted by Labonte (1999), Hawe et al. (2000) and Cowen (2001), social capital is a highly relevant concept for mental health promotion. It is a powerful rhetorical device, but not a strategy in itself, or at least is undeveloped as a strategy at this time. The construction of relevant and sustainable mental health promotion programs in a workplace requires an organisational development perspective in order to encourage such businesses/organisations to regard workplace mental health promotion as part of good business practice. With serious regard for ideology and purpose, were an organisational social capital strategy articulated, and as revered as a business strategy, or indeed, was the business strategy, we will have come a long way towards mentally healthy workplaces. (With thanks in part to Rob Moodie at ***Vichealth***[iv] for this insight).

I am grateful for the goodwill, the assistance of, and communication with subscribers to vichealth and einet discussion lists for their ideas in contributing to my thinking in the writing of this article.

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[i] einet@auseinet.flinders.edu.au The Australian Network for Mental Health Promotion, Prevention and Early Intervention for Mental Health - http://auseinet.flinders.edu.au

[ii] vicHealth_Promoting_Mental_HealthNetwork@yahoogroups.com

[iii] http://www.depressioNet.com.au

[iv] http://www.vicHealth.vic.gov.au

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Workplace Stress: How Large is the Problem?

Dr. John M. Shephard B.Med., DTM & H, FRACGP, MPH & TM

High levels of stress in the caring professions has been recognised for a long time. A recent survey of Australian GPs, for example, found 30% reporting moderate levels of stress, while 10% reported severe level[1].

As the workplace undergoes enormous structural change, there is now growing concern about similar stress levels in all workers. Technological advances have moved the emphasis away from physical work to more knowledge-based demands, whilst the autonomy of the individual to make adjustments is stripped away in the face of dominant free market policies and the bottom line. Not surprising then, that threats of downsizing have been shown to lead to increased stress, loss of control and increased cigarette consumption[2].

The cost of the problem is difficult to quantify, but studies from the UK estimate the annual cost to business of stress-related absenteeism and staff turnover at 2-3% of GDP. To these costs we could add rising medical expenses, reduced quality and quantity of work, and increased worker compensation costs[3].

There is little data as yet for Australia, although a household survey of mental health problems conducted in 1998 gives some warnings that work stress may be going largely unrecognised. The findings that 1 in 5 Australians will suffer from a mental illness in their lifetime are well-known[4]. Of those identified as suffering from a mental illness at the time of the survey, less than 60% had consulted a GP in the previous year. For the subset of those concurrently with depression and in work, even fewer (30%) had consulted a doctor. More staggering is that only half of those went on to receive any follow up and given a prescription or behaviour therapy. Furthermore, the BEACH Study looking at GP 'reason for encounter' data over a two year period found that only 0.23% of consultations were attributed to work-related issues[5].

From both a public health and business perspective, there is a growing need for us to do more. Research confirms that there is a link between job satisfaction and quality of life as a whole[6]. There is also renewed evidence of a link between psychological wellbeing and cardiovascular disease[7]. Employees are demanding an environment in which they can maintain a work-life balance.

At present, those businesses that do address the mental health of their employees mainly rely on external services, like Employee Assistance Programs. These offer treatments that maintain confidentiality, but mostly only to those who self refer and to those who have well established problems. Several obstacles confront the worker before accessing these programs, including the disempowering nature of mental illness and the stigma and prejudice that is often attached[8]. The opportunity for early intervention is also missed.

If and when they do access assistance, medical and other health professionals can offer only treatments of modest effectiveness[9]. Even when the mainstays of therapy, medication and the 'talking' therapies, are used mental illness remains a chronic, relapsing group of conditions. The time and skills required are also a huge problem for the practitioner[10,11].

With WHO predicting an exponential increase in mental health problems in the coming decades (it is predicted that depression will be the leading cause of disease burden in 2020) we need to find new approaches to addressing mental health issues[12]. The workplace is a difficult but important place to tackle the problem, given the speed of change that is affecting individuals and the gaps in support services that are offered to them. We must design proactive programs that empower both individuals and organisations to improve mental health in the workplace. They are likely to have physical and psychological health benefits as well as economic.

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Dr. John Shephard, *is a medical practitioner and advocate of primary health care approaches. He is the Director of "PeopleHealthCommunity", a policy and research group based in Marrickville NSW. John is currently undertaking research into innovative ways of building capability for better mental health in workplaces.*

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Healthy, Happy, Young People Don't Suicide, Do They? Professor Graham Martin

Suicide continues to be a major problem in Australia; 2492 people (a rate of 13.0 per 100,000) died in this way in 1999. Surprisingly, while the rate for the Australian population has shown variation over time, it remains at about the overall rate of 80 years ago. With all of the improvements in management of mental illness, with vastly improved and more accessible services, with increased clarity about specific risk factors for suicide and with dedicated programs to reduce rates for suicide, we still have made little impact. This suggests the questions...

"What social change needs to occur in Australia to provide a sustained reduction in rates?" *and* ***"are we missing something?"***

Suicide is a behaviour; it is not an illness to be treated. As a behaviour, suicide is usually an individual event, the last act in a life path filled with despair, hopelessness and loss, accompanied by a belief that nothing can be changed. If we are to prevent suicide, then presumably we must intervene in the life trajectory well before a person begins to consider suicide as an option. But at what point should we intervene, how early does this have to be, and how should we focus what we do?

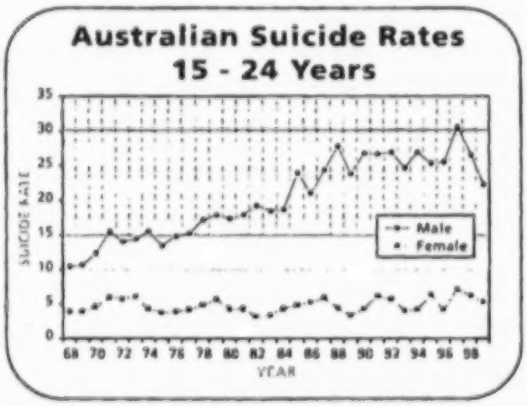
Within the overall rate changes do occur. For instance, the rate for young men aged 15-24 years has trebled over the last 30 years, and recent trends suggest that high rates in men now occur up to the age of 40. So, we have a specific problem.

How do we stop men (particularly young men) from dying impulsively?

The majority of literature on suicide prevention has focused on the individual and intervention at times of crisis. This puts immense pressure on families and professionals who, after a death, focus on the central question: "Could we have stopped him?" Given that suicide is not only a behaviour but an unpredictable behaviour, the answer to the question is usually "No", and focusing just on the time of crisis is really 'too little, too late'.

More recently, the national focus has been on reduction of individual and accumulated 'risk factors' (Beautrais, 1998). These biological, family, community or societal characteristics - each of which has been shown to be associated with suicidal behaviours, are often built into pathways or trajectories that tell us something about where we can intervene (Davis et al., 2000). So for instance we know that people with a mental illness, particularly depression or a psychosis, are vulnerable to feelings of hopelessness. At times of stress or isolation – such as the few days after leaving hospital – they may feel life is not worth living. This places a special responsibility on Mental Health or Community Services to provide adequate supports.

A different example concerns when a certain group are at increased risk – for instance young people who are severely abused, or young people known to be abusing large quantities of illicit drugs. Here there is a responsibility for society to provide adequate services to ensure such people get back on track and never get to the point of thinking about suicide as an option.



At another level, we know that a societal issue such as unemployment – often very high for young people – can be important in making men (particularly) feel they can never measure up to expectations. Here it may take the whole community and some changes in national policy to change the risk factor and reduce its impact (Commonwealth 2000).

Reviews of the Australian National Youth Suicide Prevention Strategy (NYSPS, 1994-1998) show that more than 70 programs were spread across the whole prevention spectrum (Mitchell, 2001). Some have argued that the resulting increased skills of professionals, the improved awareness in the community, and the improvements in accessibility of services have begun to show up in the figures. The reduction in young male deaths from 1997 to 1999 was 25%, and was the first time for many years that a reduction had occurred over two years.

But remember that no sustained reduction in Australia's loss through suicide has yet occurred in the 20th century. We must be missing something. It is my belief that mentally healthy people very rarely consider taking their own life. ***Emerging evidence suggests that young men with high self esteem, a sense of purpose, resilience, interpersonal skills, support from parents, family and community, a commitment to life and a connectedness to mates don't think about suicide; it literally never crosses their mind (Martin, in press).*** How do you get to that point? We have to support family life, school life, and community life. We have to support the transition to adulthood, and find meaning for all the young people struggling with their future. In particular, resilience and connectedness may be key factors (Resnick et al., 1997).

And none of this is any consolation to those families who have lost a young person to suicide.

Suicide is a behaviour. It is hard to stop a suicide either when it is impulsive, or once someone has made a final decision to take their life. Our best opportunity may be to improve the level of mental health in Australia; we have good public policy in place, we have the tools to promote community capacity, and at the individual level we have more clarity about what elements make up mental

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health, better evaluation measures, and a history of innovative and effective programs. We have to develop programs that lead to an increase in the numbers of Australians who can be shown to be mentally healthy. It may take more than a generation, but it may be the best chance we have to reduce the long-term intergenerational burden of suicide.

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Update from the Consumer & Carer Issues, Chris Alliston

The past couple of months have been busy with site visits to New South Wales, Tasmania, Victoria and Queensland. These visits have enabled me to meet in most cases, with consumers from the Mental Health Consumer Network and consumers and carers from the State Consumer Advisory Groups (CAGs). I have also visited several of the Carer Resource Centres. This will facilitate partnerships so that the consumer and carer perspectives will be incorporated from the grassroots level on all aspects of the work that is being carried out at Auseinet.

Partnership with Australian Mental Health Consumer Network

A national project is being developed that will investigate remuneration for consumers and carers who are involved in work in education, consultancy and on committees. It is exciting that Auseinet is working in partnership with the Mental Health Consumer Network on this project. We look forward to this being the first of many such collaborations. This project should benefit many consumers and carers as current policies and practice on remuneration will be investigated. There has been an upsurge in work that is asked of consumers and carers, as mental health organisations realise the expert resource that they can tap into. Hopefully, the Auseinet/Mental Health Consumer Network project will set the scene for a process of consumer remuneration that is documented, addresses different roles of work for consumers and helps to reassure consumers who are working for the progress of consumer issues, that their work is valued and will be rewarded financially.

TheMHS Meeting

Auseinet will be holding a meeting at the "No one is an island: The Mental Health Services (TheMHS) 11th annual conference" in Wellington to talk about a publication that contains consumers' mental health promoting stories. The theme of these stories will be around positive health enhancing strategies that have advanced people's mental wellbeing. Poetry, photos and artwork may also be included. It is envisaged that a second book containing outlines of innovative mental health promoting practice will follow. Many health projects are mental health promoting but are not recognised as such. It will be interesting to see the variety and breadth of schemes that come to light!

(left to right): Site visit with Leonie Manns - Consumer Rep on PPWP, Jennie Parham, Chris Alliston

Auseinet Consultative Committee

In order to ensure that Auseinet work related to consumer and carer issues is relevant, a consultative committee is being formed. This will consist of mental health consumers and carers from across Australia. This committee will come together to discuss aspects of Auseinet work that is particularly related to consumers and carers. In this way we will be able to keep in touch with the feeling at grassroots level and build consumer and carer participation into Auseinet work. This will also give me the opportunity to be informed of the various debates across the States and Territories and be supported in the work that I do. It can be complex and isolating when there are many views on the one issue and different groups sometimes see themselves in opposition or competition with others. The work that Auseinet is doing in relation to consumer and carer issues is an ideal opportunity for various groups to work together to advance their overall agenda and to end up with some practical outcomes.

QCAG and Queensland Alliance

On a recent visit to Queensland I met with Queensland Consumer Advisory Group (QCAG) representatives and the Queensland Alliance. The Queensland Alliance is an incorporated statewide peak body for non-government organisations and groups, which serve the needs of people affected by

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Chris Alliston CONTINUED

mental illness and psychiatric disability. They represent carer groups, consumer groups and non-government service providers. A council and four regional committees are elected by the membership across the State. They work to advance issues of regional and statewide significance, and to facilitate the development of the sector throughout Queensland. This collaborative, innovative and progressive model seems an ideal vehicle to advance issues in the mental health and psychiatric disability sector.

Their Email address is:
info@qldalliance.org.au
and Postal address:
PO Box 1206 New Farm QLD 4005

Web Site

The revamping of the Auseinet web site makes it possible for carer and consumer groups to have their contact details on our site, or if they already have a web site have it linked to Auseinet. The availability of this information will help to spread the message that there are support groups around the country and other resources available. People do not have to do it on their own. The resources you know about may be of immense value to others so please share them with us.

Across the Nation

As I travel around the country meeting with you and hearing about the issues that concern you I am struck by the similarities amongst groups and individuals. Whilst your histories, personalities and situations are remarkably diverse there is still a common thread that unites you and your experiences of mental illness. It seems that there could be much better connections and liaison within and between each State and Territory so that information and resources are shared and not duplicated. It is unfortunate that much time, energy and money is wasted because people do not know what is already available and use their resources creating a tool, e.g. information kit, that may already be available in similar form elsewhere. I feel that we should be able to come up with a system where information is more readily accessible and resources can be sourced and shared more easily. Perhaps a national directory of contacts and resources would be a valuable tool. There is always the problem of keeping information updated but if we all worked together this would be less of a problem. Let me know what you think.

My contact details are:
Tel: (08) 8404 2999
Fax: (08) 8357 5484
Email: chris.alliston@flinders.edu.au

Mental Health & HIV... Working Together

A Guideline for Workers in the Mental Health and HIV Sectors

Published by the Centre of Personal Education (Cope) Adelaide 2001
Jen Hamer, Senior Project Officer
(excerpts from the introduction pp 5-10)

"If someone were asked to create a condition that would test our society where it was most vulnerable – on issues such as mortality and morality, compassion and judgmentalism – it is unlikely one could create anything more challenging than HIV/AIDS[1]."

The Context

Over the past 15 years Australia has led the world with its bold and innovative response to the HIV epidemic. By daring to acknowledge the social and cultural aspects of the disease and creating unprecedented cooperation and coordination across political, bureaucratic and professional boundaries, we have earned a global reputation for success in this arena. Underpinning this achievement and sustaining the relevance and viability of each successive National HIV/AIDS Strategy, has been a strong partnership with HIV-affected communities.

However, HIV has not disappeared.

The National HIV/AIDS Strategy (1999 to 2004) names six populations as a priority for prevention, education and health promotion initiatives:

- Gay and other homosexually active men
- Aboriginal and Torres Strait Islander people
- People who inject drugs
- People in custodial settings
- Sex workers
- People living with HIV/AIDS

In addition to these populations it is also known that the prevalence of HIV amongst psychiatric patients is on average 10 times that of the general population[2]. Characteristics of certain disorders place people living with a mental illness at increased risk of HIV infection due to:

- lack of care for personal safety
- disinhibition
- increased and/or impulsive sexual activity
- poor planning and judgement
- vulnerability to abuse and exploitation compounded by homelessness, alcohol or drug use, and poverty
- poor knowledge about HIV transmission and risk reduction strategies[3].

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In spite of clear evidence of unsafe sexual activity and injecting drug use by people receiving psychiatric care, professionals tend not to perceive that patients are at risk and so by omission deny them access to prevention or early detection programs[4]. In this vulnerable position significant numbers of people are placed at risk of infection.

Whilst at this point in time (March 2001), HIV infection rates in Australia have arguably stabilised, the success of antiretroviral treatments means that the actual number of people living long term with HIV is increasing. An individual's life-time journey with the virus is now longer, more uncertain and increasingly multifaceted. In particular mental and emotional health issues are forming a greater and greater part of the picture.

The "Building Bridges" project[5] was created from an acknowledgment of this changing picture. It developed from HIV positive people and service providers experiencing and identifying a need for new strategies to respond to HIV mental health. It also recognised increasing concerns about infection rates amongst people with a pre-existing mental illness and asked how could agencies and communities respond in ways as courageous and innovative as were the early steps at the start of the epidemic?

HIV and Mental Health – A Summary of Issues

"In many ways my mental health diagnosis has been the more isolating and harder to deal with (than HIV)... Only very recently have I been able to bridge these two worlds... Sharing this side of me has been an incredible release."

(HIV positive woman living with schizophrenia. In Catalan J. 1999)[6]

People living with HIV and AIDS face an enormous and complex range of stresses. The virus not only attacks the physical body, creating illness and subsequent psychological trauma, but it also effects the individual's social situation. The prevalence of HIV within gay male, men who have sex with men (MSM) and injecting drug user communities has resulted in fear of and sometimes hysteria towards these communities. An individual with HIV infection will commonly experience prejudice and stigma, which can lead to isolation, breakdown in support systems, loss of livelihood and home. All of this often requires a significant reinvention of who they are and where they 'belong' in their culture and community.

Living with a mental illness can be for many people, a similar story of prejudice, stigma, isolation, breakdown in support systems, loss of livelihood and home. When the two experiences of HIV and mental illness are combined the individual can experience extreme alienation and despair. Personal resilience can be undermined and there can be major implications for both individual and public health.

Whilst it is not inevitable that HIV leads to mental health problems, such experiences are common. People living with HIV/AIDS are now living with more, and increasingly complex issues relating to long term infection and have been found to have high rates of anxiety, depression, and suicidal thoughts[7]. This pressure can have a major impact on adherence to treatment regimens, quality of life, and the risk of transmission.

A medical/psychiatric understanding of HIV mental health issues recognises the following areas of need:

1. **Psychosocial issues – difficulties experienced as a result of the social, emotional and psychological impact of living with HIV and various HIV-related episodes such as:**

- HIV diagnosis
- Initial onset of physical illness
- Disclosure to friends/family
- Diagnosis of advanced HIV-related infections
- Death of significant friends/family/partner
- HIV discrimination

2. **Mental illness/disorders as a result of:**

- Prolonged survival with HIV related disability and complex and intrusive treatment regimens
- A pre-existing psychiatric condition which may be exacerbated by HIV
- A co-occurring psychiatric condition incidental to HIV

3. **Substance use disorders arising from:**

- Pre-existing substance dependence
- Self medicating for emotional or physical conditions
- Lifestyle choice

4. **Neuropsychiatric consequences of:**

- HIV itself
- Opportunistic infections of the brain or central nervous system
- Medication side effects

These areas are not mutually exclusive and together pose a complex range of interactive conditions. A single model of intervention will be inadequate to the task of providing comprehensive, high quality treatment and care. Close collaboration and the application of an integrated holistic approach can more effectively address the reality of the multiple factors involved[8].

A wellness approach

Notwithstanding the very real and complex mental health issues described here, there is a need for caution in applying such knowledge. By recognising mental health needs there is a risk of creating a self fulfilling prophecy, in which mental illness is seen as an inevitable consequence of HIV infection. A person's emotional and psychological experience may be pathologised and all problems assumed to stem from being HIV positive. By viewing and speaking of HIV infection as always and inevitably a trauma of immense proportions there is no room for different experiences – either for living with HIV to be 'ok' or for symptoms of stress and depression to be a result of some other unconnected issue. This highlights how important it is for workers across sectors and service users to collaborate in deciding how to respond to needs. Care is needed to make accurate assessments and appropriate support and treatment choices, firstly because of the complex nature of the issues, and secondly in the interests of avoiding unnecessary interventions and the labelling of illness where none is present.

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In consultations, people living with HIV reported that they felt a need for increased attention to the promotion of mental health and wellness, in addition to the necessary management of illness and disease.

They noted that in being concerned to respond to problems and highlight needs, the problems had become a dominant story of living with HIV. This was said to encourage a culture of depression and negativity which potentially undermined a person's strength and resilience. People described feeling that they had polarised options: to either live as if HIV was not affecting them and be totally well, in control and happy, or when they were physically unwell to be totally a 'victim' of HIV and become depressed. It was suggested there was very little room for experiences of life's ordinary ups and downs to be visible.

Instead of focusing on a discourse of disease and depression, community members asked for ways to acknowledge the full breadth of their lives and open up space and interest in other 'wellness' conversations.

In response to this issue a Narrative approach[9] was used within the Building Bridges project, and this may offer some useful concepts for consideration:

1. Learning to notice and 'privilege' an individual's skills and knowledge alongside the pain and hardships

2. Being mindful not to 'totalise' the experience of living with HIV by treating it as one single experience with precise, 'expert' recipes for how to respond

3. Creating 'multiple maps' for how to live well with HIV

Creating a partnership between workers and service users based on these kinds of approaches takes time and new skills in a culture dominated by structural paradigms which constantly invite us to find fixed solutions and define ourselves and others by narrow prescriptions or labels.

The need for clear understanding of the issues, treatment options and referral pathways can dominate the relationship between health worker and service user in a way that excludes self-determination, uniqueness and the strengths of the whole person. Taking these points into consideration can strengthen our communities and our partnerships and create mental health promoting environments.

Mental Health & HIV... Working Together

"Mental Health & HIV...working together" is a publication developed as part of the Building Bridges project. This guideline aims to assist in the task of responding well to emerging concerns whilst keeping mental health promotion and wellness in the picture. It offers a description of possible mental health needs and key aspects of dual diagnosis issues, with practical information relevant to service delivery. It also provides information for the development of HIV and mental health policies and procedures as well as contact details for agency referral and collaboration.

People living with HIV and people living with mental illness have given their stories and their energy so that this guideline can be written as a tool to support working relationships. It is intended that both HIV and mental health workers will make use of the guideline, to enhance service provision and develop a partnership approach to addressing this complex area of need.

Copies of this publication can be obtained by contacting Cope on:
Tel: (08) 8223 3433.

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8. A useful discussion of an holistic approach which describes a biopsychosocial/spiritual model can be found in Winiarski M 1997 pp3 - 22
9. This approach encourages attention to multiple aspects of an individual's life alongside the experience and history of the problem. Narrative approaches have been discussed in detail by many authors. Whilst these ideas have commonly been represented as part of a therapeutic intervention they have also been applied to a broad range of community and political contexts. Some resource publications are:
   - Alice Morgan (2000) What is Narrative Therapy? An easy to read introduction. Dulwich Centre Publications
   - Freedman J. and Combs G. (1996) Narrative Therapy. A social construction of preferred realities. Norton
   - White M. and Epston D. (1990) Narrative Means to Therapeutic Ends. Norton
   - Dulwich Centre Journal :
     - No 4 2000 Living Positive Lives. A gathering for people with an HIV positive diagnosis and workers within the HIV sector
     - No 1 1999 Bisexuality: Identity, politics and partnerships
     - Nos 2 & 3 1995 Schooling and Education – exploring new possibilities
     - No 1 1990 Social Justice and Family Therapy

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Web-based Prevention...
Of Mental Health Problems

Helen Christensen, Senior Fellow,
The Centre for Mental Health Research,
The Australian National University.

One of the important conclusions from the **Mental Health Promotion and Prevention National Action Plan (1999)** was that treatment approaches by themselves would not be sufficient to address the high burden of disability associated with mental health problems. This recognition points to the importance of developing effective prevention programs that can be readily accessed by the community.

Prevention programs in mental health have been found to be effective when targeting 'at risk' groups or risk factors such as alcohol abuse, postnatal periods (selective prevention) and individuals with symptoms (indicated prevention). In the area of youth depression there have been successful interventions directed towards 'at risk' school age individuals (Jaycox, Reivich, Gillham and Seligman, 1994) and undergraduates at university (Seligman, Schulman, DeRubeis and Hollan, 1999). These interventions have used cognitive behaviour therapy (CBT), a form of therapy that is effective when delivered face to face by a therapist, via self-help books (bibliotherapy) and through computer administration.

In areas other than mental health, a wide range of prevention programs have been conducted in the last decades directed at worksites, communities and schools to change risk factors such as smoking, high-fat diet consumption and thus prevent diseases such as cardiovascular disease and cancer. Sorensen, Emmons, Hunt and Johnston (1998) reviewed these findings and noted that the 'next generation of community-based interventions' (p 379) should be tailored to the needs of individuals, involve communities in the planning of the intervention and be targeted at multiple levels. They noted that different disciplines brought knowledge that could be used at a range of levels from the micro (biomedical) through to the macro (society and health) level. The focus of these levels suggest different but complementary mechanisms for implementing prevention programs. Other research from the mental health area has pointed to the importance of the recognition and acknowledgment of the needs of 'at risk' groups and the importance of protective factors to increase resilience.

'New generation' prevention programs in mental health (and in the area of depression specifically) will need to take into account these considerations. Incorporating these issues is challenging because the process is new and the knowledge may not yet be developed. Customised tailoring for depression intervention requires an understanding of an individual's belief system (for example, the person's preferences for medical compared to alternative or lifestyle preferences), the individual's motivation for change (whether they are 'ready' to learn lifestyle changes) as well as knowledge of the most effective prevention strategies. The person's immediate circumstances and level and type of vulnerability also require assessment.

One approach to this challenge may be to harness the capabilities of the internet (and internet technologies, including its associated software) to deliver such prevention programs. The internet may be a preferred method to deliver prevention programs because it provides twenty four hour, self paced access to mental health interventions, has the capability of supporting software that can be tailored for individual needs and is informed by medical informatics (Eysenbach, 2000). The latter discipline is likely to provide specific information about the types of approaches that will lead to faster knowledge uptake and satisfaction by users. The net is already established as a major source of health related information suggesting that internet based prevention of mental health problems will be well accepted. Information about the person's experience of the program and their responses to assessment questions can be recorded and used to evaluate the effectiveness of the programs.

Although there are now outcomes showing the effectiveness of using the internet as a means of delivering effective prevention in many areas including dietary changes, smoking and exercise (Tate, Wing, and Winette, 2001), there are very few prevention programs using the internet that have been employed in mental health. However, Stanford University's ***Student Bodies*** program is an example of a successful prevention program that used the internet to change risk for eating disorders. Educational content, a newsgroup, and structured weekly readings, assignments and postings improved body dissatisfaction (Winzelberg, Taylor, Altman, Eldredge, Dev, 2000).

The Centre for Mental Health at the Australian National University has recently developed an internet prevention program for depression in young people. The program uses CBT, and aims to increase the accessibility of this proven prevention intervention. Young adults are an age group not easily reached by existing services. They are dispersed across a multiplicity of home, work, recreational and learning settings. The internet provides a practical solution to the problem of disseminating preventive CBT programs. Recent ABS figures reveal that young adults accessed the net more than any other age group. Approximately 75% of all 18 to 24 year olds accessed the internet in the 12 month period prior to November 1999. Overall, an estimated 6.4 million adults (46% of Australia's adult population) used the internet in the 12 months to May 2000 compared with 5.5 million adults (40%) in the 12 months to May 1999. Moreover, the interactivity and multimedia possibilities afforded by standard web browsers offer the potential to engage the target population in ways that are not possible using conventional delivery methods. To our knowledge, **MoodGYM** is the only CBT depression prevention program on the web.

MoodGYM consists of five modules: an interactive game, anxiety and depression assessments, downloadable relaxation audio, a workbook and feedback assessment. It includes individualised assessments of anxiety and depression, dysfunctional thinking, life-event stress, parental relationships and the scheduling of activities, for which we have collected community norms. The graphics of **MoodGYM** have been professionally designed to appeal to this age group. Users register on the site, complete anxiety and depression 'quizzes', meet the site characters (Noproblemos, Elle, Cyberman and others), and start module 1. Module 1 is an introduction to the principles of CBT, and demonstrates through flashed diagrams and online exercises the relationship between emotions and thoughts. There are a number of exercises where users can come to grips with their own emotions and the 'warpy' thoughts that might accompany them. Module 2 continues the theme with the recognition of thoughts and their consequences. Module 3 introduces users to other techniques than thought-contesting to gain perspective on their emotions and how to handle them. Module 4 deals with stress, pleasant events, scheduling, relaxation and meditation. Because of the significance of interpersonal relationships to people of this age, Module 5 deals with separations and break-ups.

The initial development of the package was based on action research involving input and feedback from young people, mental health professionals with expertise in CBT, and a formal advisory board comprising relevant experts and stakeholders. The program is currently being pilot tested at the Australian National University and the University of Canberra. In 2002 a randomised controlled trial will be undertaken in the community.

MoodGYM was launched officially by the ACT Minister for Health, Housing and Community Care, Mr Michael Moore, on the 17th July 2001 at the National Museum of Australia. In the week of the launch, the site had 83,000 hits.

MoodGYM can be accessed at http://moodGYM.anu.edu.au.

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Planning, Disseminating & Implementing
the National Action Plan 2000 in NSW

Kym Scanlon, Manager, Prevention, Centre for Mental Health, NSW Health Department

Martyn Wilson, Senior Mental Health Promotion Officer, Western Sydney Area Health Service

Introduction

Significant progress has occurred in NSW in establishing promotion, prevention and early intervention initiatives in mental health. The **National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (National Action Plan 2000)** implementation consultation process provided an important mechanism to consolidate this work across the State.

NSW Consultation Process Team

Initially, the **NSW Steering Committee for Promotion, Prevention and Early Intervention in Mental Health** was established, with broad representation from health, non-government organisations and consumers and carers. This Committee provided valuable input into the NSW plan for the consultation and implementation forums. The NSW plan included a launch in February 2001, followed by forums or workshops conducted in some Area Health Services followed by a State-based feedback meeting with Auseinet in June 2001.

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(left to right): Graham Martin, Kym Scanlon, Jennie Parham

Local Forums

Nine local forums were conducted throughout NSW from March to August 2001 with a total of 600 people attending, at Westmead, Liverpool, North Sydney, Penrith, Tamworth, Lismore, Orange, Dubbo and Wollongong.

An important initial task for the local co-ordinators was to determine the purpose for each local forum. This initial planning influenced the agenda, participation, and the use of the information gathered during the forum. Generally the purpose of the forums was to:

- increase awareness about promotion, prevention and early intervention in mental health concepts;
- review and progress implementation of the **National Action Plan 2000**; and
- enable local Area Mental Health Services to garner input from local health, other agencies and community representatives for developing or progressing local strategic plans or specific initiatives for promotion, prevention and early intervention in mental health. This third purpose contributed significantly to the success of the forums.

The number of participants at each forum ranged from 20 to 130 with broad representation from health services including mental health, health promotion, public health, community health, emergency departments, drug and alcohol, Aboriginal health, transcultural mental health; other government departments - police, housing, Centrelink, juvenile justice, corrective services, community services, The Cabinet Office, education and training; media representatives; local Divisions of General Practice; consumers; carers; non-government organisations and other local agencies; businesses; politicians; church groups and community members.

Issues

During the forums it became evident that increasing awareness about the **National Action Plan 2000** needed to be coupled with input from the local community, organisations and services regarding future planning and implementation. Many forums combined presentations and discussion formats to facilitate this process. Issues to consider when planning local forums follow:

Enhancing Planning

- Ensuring full commitment and support from senior management before planning the forum;
- Ensuring appropriate lead up time for planning the forum, generally 3-6 months;
- Nominating one person to take responsibility for organising the forum;
- Ensuring firm commitment from management to forum resources needed: adequate funding for printed materials, advertising, catering, staff time to develop a participant database, mail-out invitations, and administration for registration and general organisation;
- Allocating time after the forum to evaluate the proceedings and prepare a feedback report for participants;

- Convening a short-term steering committee to oversee and plan the forum with representation from mental health services, senior management, other health services (such as community health), key non-government organisations and other relevant community partners;
- Using a population health approach to underpin the planning, coordination and facilitation of the forum.

Issues to Consider

- Clearly defining the term 'mental health'. Most people link the term to 'mental illness' or 'psychiatry' and not 'mental wellbeing' or 'positive mental health'. This can cause confusion if not addressed early.
- Fully engaging Area/District Mental Health Services and other key partners in planning and facilitation of the forums.
- Formulating a well organised forum with clear aims and outcomes. Unclear outcomes may lead to confusion and frustration among participants.
- Be careful in using the phrase "mental health (promotion) is everyone's business". Participants may see this as a signal that mental health services are opting out of their responsibilities, rather than promoting collaboration.

Closure

Overall the implementation consultation process in NSW has provided a significant opportunity for enhancing and strengthening the knowledge of promotion, prevention and early intervention in mental health. The process has also provided a significant opportunity for local discussion and identification of key directions to progress, further contributing to consolidating the range of promotion, prevention and early intervention initiatives underway in this State. The involvement of Auseinet has helped in focusing attention in reporting of the National Action Plan 2000 and in contributing to an important process occurring across Australia.

National Action Plan 2000 - Consultation Process

Jennie Parham,
Project Manger

The Consultation Process on the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (National Action Plan) and the accompanying Promotion, Prevention and Early Intervention for Mental Health: A Monograph 2000 (Monograph) is well underway.

The consultation process aims to provide feedback to the Commonwealth on the National Action Plan and Monograph as well as assist the States and Territories to take the next steps in implementation. As part of this process, Graham Martin, Chris Alliston and myself have been visiting each State and Territory to discuss issues related to implementation of promotion, prevention, early intervention and suicide prevention strategies. We have thus far visited NSW, Victoria, Tasmania and Queensland. Consultation forums have been held throughout NSW and an article on that process appears in this issue of *Auseinetter*. Forums have also been held in Alice Springs and Darwin. Tasmania has scheduled a consultation forum for 31 October 2001 in Launceston. Planning is well underway for consultation forums to be held in Queensland and South Australia in November.

The visits to the States and Territories have provided a wonderful opportunity to meet with key people and organisations, to promote Auseinet and discuss issues related to the implementation of promotion and prevention strategies. We have been greatly encouraged by the warmth of the reception we have received wherever we have gone, the time given to us, the information and insights we have gained and the beginnings of partnerships developing.

Some of the issues being raised with us are:

- Role of mental health services in mental health promotion
- Role of specialist mental health service providers in mental health promotion and prevention
- Relationship between mental health and public health services
- Need for database on promotion and prevention projects across Australia
- The significant shift in emphasis between the first and second National Mental Health Plans and the timeframes required to make the policy, funding and workforce changes to align with that shift

Auseinet is considering these as it develops its workplan and will be in ongoing dialogue with the States and Territories around these issues.

Site Visit to the Australian Transcultural Mental Health Network, Sydney - (left to right): Jennie Parham, Andrew Sozomenou, John Spiteri, Neda Dusevic (front), Chris Alliston (back), Abd Malak

DIARY DATE: Mental Health Week 2001
Satellite Broadcast Tuesday October 9th

Tune in to the Auseinet and Rural Health Education Foundation Broadcast during Mental Health Week on Tuesday October 9th at 8.00pm (Sydney time).

Subject:

"Mental Health Promotion and Partnerships in Rural and Remote Contexts"

Chaired by: Dr Norman Swan from ABC Radio National's Science Unit program The Health Report

Panelists will include those with experience in rural and remote contexts including:

Prof Graham Martin (Auseinet)
Michael O'Brien (Rural Consumer Advocate, VIC)
Dr Darcy Smith (Albany, WA)
Maria Marriner (Education Department, NT)
Community Nurse - to be confirmed

A list of Broadcast Viewing Sites can be obtained from the Rural Health Education Foundation site at: http://www.rhef.com.au or by contacting Auseinet by Tel: (08) 8404 2994 or Email: auseinet@flinders.edu.au

PPEI Summary Sheets

Mental Health Promotion, Prevention and Early Intervention (PPEI)

What's It All About... ?

A particular focus for Auseinet in it's second phase, is to encourage individuals and agencies from a range of sectors not traditionally associated with mental health service provision, to develop an understanding of the principles of...

Mental Health Promotion, Prevention and Early Intervention (PPEI)

as they relate to their own areas of work. The development of discussions and discourses relating to mental health will be enhanced by the contributions of people from a variety of contexts and experiences. A shared approach will enhance the likelihood that effective action can be taken to improve social and emotional wellbeing and the reduction of mental health problems and disorders across all ages.

Several **SUMMARY SHEETS** have been put together to assist individuals to become either, more familiar with mental health promotion, prevention and early intervention concepts for themselves, or to assist others in a variety of settings to begin to appreciate how these concepts may have relevance in a broad range of contexts.

We encourage you to reproduce and disseminate these **SUMMARY SHEETS** widely (providing appropriate acknowledgments). **Mental Health Week, October 7th - 13th 2001,** may in particular be an opportunity to post this information in newsletters, on web sites and used in conjunction with any other activities you may have planned. This document can also be downloaded from the Auseinet web site at **http://auseinet.flinders.edu.au** (See Publications/ Summary Sheets on menu)

The information included in the Summary Sheets is sourced primarily from the content included in the **National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000** and it's companion document **Promotion, Prevention and Early Intervention for Mental Health: A Monograph.**

For complete copies of the Action Plan and Monograph please contact:

The Department of Health and Aged Care, Mental Health and Special Programs Branch,
Tel: 1800 066 247

or by downloading from the Auseinet web site at: **http://auseinet.flinders.edu.au**

Auseinet Resource Database

- Coming Soon to the Auseinet Web Site

As part of the redevelopment of the Auseinet web site a searchable resource database will be introduced. The purpose of the **Auseinet Resource Database** will be to provide information about and access to international and national resource material relating to mental health promotion, prevention, early intervention and suicide prevention. The database is designed to be a tool for mental health professionals, consumers of mental health related services, carers of people with mental illness, those with an interest in mental health as well as the general community, to locate key resources.

The database will include information about government reports, books, videos, kits, conference proceedings, discussion and working papers.

As well as providing information about each item, the database will provide information on where to obtain items. Availability information will be given in 3 sections:

1. Library/Information Centre - a list of libraries around Australia that hold the item
2. Distributor - contact details of where the item can be purchased
3. Online - this will indicate if an item is available online and a link to the location will be provided.

Watch out for this exciting new feature coming soon to the Auseinet Web Site.

For more information please contact Brodie Millsteed, Information Officer on:
Tel: (08) 8404 2992 or via
Email: brodie.millsteed@flinders.edu.au.

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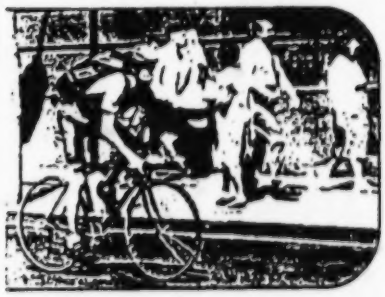
TELL US WHAT YOU'RE DOING

Riding With Ben

Visit Web Site
http://www.cycle4life.org

Ben Carey began his Cycle for Life on the 8th April 2001 to raise awareness and funds for the cause of suicide prevention.

Ben will visit 183 communities and will record personal stories relating to suicide, hoping to encourage a more open debate. Ben is also hoping to raise $1 million from donations and corporate sponsorship. This money will assist Suicide Prevention Australia (SPA) to establish a toll free National Hope Line.



From Ben's Journal
July 23rd ...somewhere near Broome...

"We left this morning at 6:30 am to meet Adam at the Shell Roadhouse. Adam rode with me for about 85 km this morning. He lost his father 2 years ago to suicide and wanted to show his support and share his thoughts and feelings. He is actually the first person to ride with me in support of suicide prevention. It was a great experience and I would love for more people to join in on the ride."

If you are interested in riding with me and for more information on our itinerary and when we'll be in your area: please contact **Brad Farmer** on **Tel:** (02) 9360 4747 or **Mobile:** 0413 031 870

Wild Women's Weekends

A New Way of Promoting & Enhancing Social & Emotional Wellbeing for Older Women

Wild Women's Weekends are a two day intensive for older women looking to get more out of life, with the 'catch-cry' being, **self-reflection, self-indulgence and self-renewal.** The Weekends have been developed as part of Helping Hand Aged Care's Healthy Lifestyles Program, which offers 'new-look' rehabilitation and therapy services to people aged sixty and over.

The Weekends look at improving the resilience and resources of women 60 years and over to cope more effectively with life experiences and events, such as retirement, bereavement, relocation and change in health status. Key aims of the program are to enable older women to participate more fully in their communities and to develop and maintain their social networks.

Wild Women's Weekends were created, in conjunction with older women, in response to an emerging common need expressed by individual older women living in their homes. These women had been referred to community based aged care for counselling for issues of grief and loss, depression, anxiety, agoraphobia and isolation.

A consistent message came through in each woman's story - they felt 'in a rut', alone with their problems, with no idea where to start in terms of thinking about change.

In asking each of these women what would make a difference to their life and how they viewed it, a common theme emerged. If they could take themselves out of their environment and 'get away from it all', perhaps with other women in a similar situation, they might be able to develop a fresh perspective on themselves and their situation. Change in physical space was seen as a trigger for activating change in one's mental space.

In conforming to stereotypic roles and accompanying expectations, many of the women had lost their sense of self. They had become accustomed to responding to expectations rather than inner desires and many viewed their life in terms of problems rather than possibilities and weaknesses rather than strengths.

Lifelong Learning and Mental Wellbeing

The Weekends are based on the premise of lifelong learning, recognising the links between lifelong learning and mental wellbeing.

A recent report on the wider benefits of learning[1] has identified ways in which learning plays a key role in preventive strategies. These are as follows:

- Intellectual stimulation gained through learning helps to maintain cognitive function and combat the progression of Alzheimer's Disease
- The enhancement of self-esteem as a key outcome of learning can prevent a lapse into depression and feelings of worthlessness
- Learning provides a sense of personal effectiveness (self efficacy and empowerment) which underpins personal autonomy and paves the way for full participation
- Learning increases the likelihood of having supportive relationships, which improve health and decrease mortality
- Learning raises the crisis threshold by increasing knowledge, skills and coping abilities
- Learning enables older people to effect a shift from reactive to more proactive approaches to life management

Outcomes

At the individual level, outcomes collated from a follow-up participant evaluation, conducted 18 months after the event, are as follows: New pathways (75%), new knowledge (82%), increased confidence (64%), stronger sense of self (91%), new skills (45%), increased self-esteem (82%), increased motivation (55%), new relationships (55%), increased assertiveness (45%) and increased initiative (64%).

For further information on Wild Women's Weekends please contact:
Merike Mannik at Healthy Lifestyles on...
Tel: (08) 8344 2222 or
Email: mmannik@helpinghand.org.au

References

1 The Centre for Research on the Wider Benefits of Learning. Modelling and Measuring the Wider Benefits of Learning: An Initial Synthesis, **http://www.learningbenefits.net/Docs/report1.htm** Seeman, M & Lewis, S (1995), 'Powerlessness, Health and Mortality: A Longitudinal Study of Older Men and Mature Women' in Social Science and Medicine, 41:517-525

The Next
Wild Women's Weekend
(for over 60s) has been scheduled for:
9th - 11th October 2001
St Josephs Convent, Aldgate,
South Australia
Contact Margaret Barclay
Tel: (08) 8344 2222

Vietnam Veterans Sons and Daughters Project

The Department of Veteran's Affairs (DVA) has been increasing support for the sons and daughters of Vietnam veterans. Over the past 12 - 18 months there has been a range of initiatives put in place in response to the findings of the Vietnam Veterans Health Study in 1998. This study reported that sons and daughters had a higher than expected incidence of accidental death and suicide.

Many of the DVA 2000 /2001 budget initiatives for this group are being undertaken through the work of the Vietnam Veterans Counselling Service - the VVCS. For example sons and daughters can access free counselling from VVCS up to the age of 36 years and they can also access free psychiatric assessments, where this is required. Eligibility for these free services is based on the acknowledgment that family members living with a veteran with war related trauma might experience mental health problems due to the stress associated with this family environment. Although all VVCS counsellors are available to see the children of Vietnam veterans, there have also been a number of extra counsellors appointed in VVCS centres around Australia to respond to the emotional and mental health needs of younger people.

If sons and daughters wish to access these free services they can contact their nearest VVCS centre.

The VVCS has also established a specific project - **the Vietnam Veterans Sons and Daughters Project.** This Project has a national project plan and Project Officers are being appointed in each State and Territory to facilitate the project at the regional level. To date the following appointments have been made:

National Office
Ann O'Kane
Tel: (02) 6289 4765
Email: ann.o'kane@dva.gov.au

Hunter Valley (NSW)
Lou Johnston
Tel: (02) 4925 2351
Email: lou.johnston@dva.gov.au

Sydney/Regional NSW
Barry Taylor
Tel: (02) 9635 9733
Email: barry.taylor@dva.gov.au

Northern Rivers region (NSW)
Louise Du Chesne
Tel: (02) 6622 4479
Email: mlouise.duchesne@dva.gov.au

ACT
Vanessa Bushell
Tel: (02) 6247 2988
Email: vanessa.bushell@dva.gov.au

Western Australia
Valerie Vicich
Tel: (08) 9841 1955
Email: valerie.vicich@dva.gov.au

South Australia
Rosie King
Tel: (08) 8290 0300
Email: rosie.king@dva.gov.au

Tasmania
Chris Street
Tel: (03) 6231 0488
Email: chris.street@dva.gov.au

Vietnam Veterans Sons & Daughters Project CONTINUED

North Queensland
Amanda Robinson
Tel: (07) 4723 9155
Email: amanda.robinson@dva.gov.au

Brisbane/Gold Coast
John Flanagan
Tel: (07) 5591 6124
Email: john.flanagan@dva.gov.au

Sunshine Coast
Jodie Waring
Tel: (07) 5479 3992
Email: jodie.waring@dva.gov.au

Victoria
Helga Erlanger
Tel: (03) 9818 0388
Email: helga.erlanger@dva.gov.au

Northern Territory
Irene Stark
Tel: (08) 8927 9411
Email: irene.stark@dva.gov.au

The first strategy for this Project involves undertaking a consultation. There were 80,000 children of Vietnam veterans identified through the Health Study (1998), who are now aged between 15 – 35 years. VVCS needs to develop a better understanding of what would be the most useful responses for this group. From June through to August 2001 the project officers will facilitate a series of focus groups across Australia inviting sons and daughters to come and contribute information about:

- Their experience of living in a family where a parent is a Vietnam veteran;
- The skills and strengths they have developed and wish to develop in coping with adversity;
- The type of supports, services and programs that they think would be most suitable for sons and daughters in their region.

Parents will also be consulted particularly regarding the contributions they wish to make to the Sons and Daughters Project. From these consultations VVCS will facilitate the development of regional mental health promotion programs specifically aimed at increasing the mental health and resilience of sons and daughters. VVCS is encouraging young people to contact the Project Officers in their region to find out more about the Project. Alternatively contact the National Project Officer, Ann O'Kane on

Tel: (02) 6289 4765 or
Email: ann.o'kane@dva.gov.au

Headroom -

Mental Health Promotion for Young People

Headroom is a South Australian mental health promotion project managed by the Division of Mental Health, Women's and Children's Hospital and funded by Health Promotion SA. It has now been 4 years since the commencement of Headroom and the Project is currently funded until June 2002.

The aim of Headroom is to increase the capacity of the community to promote the mental health of young people by increasing the awareness and knowledge of mental health issues and available services, through the development of accessible and appropriate mental health information. The Project uses a range of strategies and processes to disseminate information about mental health to young people. These strategies include:

▪ The Headroom Web Site at www.headroom.net.au

The interactive site has been developed in partnership with young people to engage and provide relevant information about issues that impact on their mental health and reduce the stigma that is generally associated with mental health. The site also provides information tailored to parents as well as health professionals and other service providers who work with young people. Headroom has won national and international web awards as well as receiving the Ministerial Award in recognition of its contribution to South Australian Mental Health and is part of the Commonwealth Health Insite Project. Most recently, the web site gained certification from the Health on the Net Foundation (HONcode) for its reliable and credible information.

▪ The Positive Minds Attract Health Campaign

This mental health message has been developed as part of a broad strategy to get young people thinking about positive mental health and more specifically their own mental health. Recent evaluation of this message among young people aged 12 -18 years in the metropolitan area indicated that 40% of all respondents claimed to recognise the message.

In 2001/2002, the Positive Minds Attract campaign will be promoted by over 60 arts and recreation organisations and events as part of their Arts SA or Office for Recreation and Sport funding. The Adelaide Festival of Arts, Adelaide Fringe, Carclew Youth Arts Centre, Country Arts SA, State Theatre Company, SA Museum and Blue Light SA are a few of the organisations participating in the campaign. The promotion of this mental health message by arts and sports groups is important as their work with young people in the areas of drama, art and media not only provide a forum for young people to participate in but also provide a creative medium in which to explore and showcase issues that impact on young peoples' mental health.

▫ Workforce Development

This strategy includes the provision of training and education to workers across a range of sectors, including health, education, arts and recreation and sport. The aim of this training is to increase the awareness and knowledge of key personnel in relation to mental health and mental illness and to assist workers to identify the role of their organisation in promoting the positive mental health of young people.

Headroom has made significant progress in placing positive mental health on the agenda of all young people, however there is still further work to be done in increasing young people's awareness and knowledge of the factors, both structural and skill based, that protect and contribute to positive mental health.

Contact
Christine Lock
Project Manager
Adelaide SA
Tel: (08) 8161 6920
Fax: (08) 8161 6983
Email: info@headroom.net.au

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Royal Children's Hospital & Health Service
- Child & Youth Mental Health Service

Keeping You Up-To-Date

The Young People's Early Intervention Program
A comprehensive community-based early intervention program for young people with emerging mental health problems is being developed. The program will assist young people in mental health services to address issues including, but not limited to, mental health and illness management, employment and education, living skills, relationships and coping skills.

Extended Hours Service - Pilot Project
The Extended Hours Service was established at the Royal Children's Hospital and Health Service District, Brisbane, in July 2000. Specialist child and youth mental health workers respond to after hours telephone enquiries and provide both telephone and face-to-face assessments. The Service operates from Monday to Saturday between 2.00pm and 9.30pm. The service is staffed by a multidisciplinary team and is based at the Mental Health Unit, Royal Brisbane Hospital.

Until January 2001, 180 presentations were recorded and an additional 77 follow-up telephone calls had been made to young people in crisis. Eighty percent of referrals presented with two or more presenting problems. The most common presenting problems included suicidal ideation (41%); depression (19%); self-harm intention (18%); psychotic symptoms (13%); substance abuse (12%) and behaviour management problems (12%). Ten percent of presentations to the Service were for inquiry and/or information only.

The KOPING Forum - Helping Children and Young People to Cope
With representation across government and non-government agencies, the Forum aims to work collaboratively to identify and address the needs of children, young people and families where a parent or caregiver is living with a mental health problem.

The KOPING Forum meets quarterly and provides professional development, resource sharing and networking opportunities. The Forum supports both collaborative projects and individual service initiatives. The Forum is currently conducting a needs analysis to identify the support needs of children, young people and families in the Brisbane North and Pine Rivers areas. Service providers across the district are also participating in a Training Needs Survey to identify strategies for professional development and education.

The Forum has recently been granted funding through Mind Care, to establish a resource library for both families and service providers, which will be kept at The Institute for Child and Youth Mental Health, Spring Hill. Short-term loans are available to service providers supporting families where a parent has a mental health problem, and to families seeking information. Service providers may also access a manual of programs and resources available for this group.

The Forum will be producing a training and group resource video in partnership with young people which will highlight the experiences of children and young people, coping skills and strategies for seeking help.

QLD State Network
The QLD State Network has been established to develop links between service providers and project officers who are supporting children and young people in families where a parent is affected by a mental health problem across Queensland.

Based on members' feedback, the QLD State Network was established as an email correspondence network with an e-newsletter compiled and distributed to participants every 3-4 months. Members' details areincluded in the newsletter and updated quarterly. This assists in linking with others across the network.

The purpose of the QLD Network is to share information and resources, ideas and experiences, to provide an avenue for professional development and education in this relatively new and specialised field. The network will aim to promote awareness of the issues and needs of this population, and will support members in developing and implementing programs and interventions in this area. The Network is also able to promote the availability of links with similar networks and programs developed in other States.

A QLD State Network Meeting is currently being organised for November 2001.

The Stress Booklet - A Resource for Young People
The Stress Booklet, and accompanying package, is designed for young people aged 13 - 18 years and aims to promote positive strategies to enhance emotional wellbeing.

The material in the Stress Package is suitable for use by service providers including child & youth mental health workers, child health, guidance officers, school based youth health nurses and youth workers, and can also be used by parents or caregivers of young people.

In 2001, additional funding was obtained through the Queensland Government Youth Suicide Prevention Strategy, to reprint and distribute the Stress Booklet and Stress Package to schools and Child and Youth Mental Health Services across Queensland. To date over 85,000 Stress Booklets have been distributed to young people in Queensland.

For more information about any of the programs and services mentioned please contact:

Michelle Hegarty, Project Officer,
Child and Youth Mental Health Service

Address:
Royal Children's Hospital & Health Service District
PO Box 1507 FORTITUDE VALLEY
QLD 4006

Tel:
(07) 3835 1434

Email:
Michelle_Hegarty@health.qld.gov.au

Reaching Out to Young People
in Rural & Regional Australia

Reach out and touch my heart
Reach out and touch my hope
Reach out and touch my mind

Touch my hand so I may write a wonder
Touch my heart so I may have a voice
Touch my hope so I may be more courageous
Touch my mind so I may know what to do for a friend

You help people when they are down
You make them smile not frown
You go from town to town

You go to all the schools
And show them your web site
Everyone thinks it rules
REACH OUT!

'Sally', RORRT, Gnowangerup, WA

The Reach Out! Rural and Regional Tour (RORRT) has played a vital role in increasing awareness of Reach Out! in young people like Sally, as well as in service providers living in rural and regional Australia.

When the Reach Out! Rural and Regional Tour (RORRT) began in 1999 it was in response to the need to do something in rural Australia where overall suicide rates were twice as high and Internet access far more limited than in the cities. That was when the idea to take Reach Out! on tour was born.

Reach Out! - www.reachout.com.au - is a service that uses the Internet to help young people get through tough times. The Inspire Foundation, the organisation behind Reach Out!, developed the service to inspire young people to help themselves by providing them with access to important information, stories, contacts and suggestions on a whole range of issues facing young people today, in an environment that is fun, interactive and engaging.

The Reach Out! Rural and Regional Tour promotes the benefits of using the Internet to link up young people with those who can support them as well as providing a positive profile of young people by building a local community web site.

The RORRT has four key objectives which focus on promoting positive mental health outcomes for young people in rural and regional areas:

1. To capture and share positive experiences of young people in rural and regional Australia
2. To promote help-seeking behaviour and coping skills via the promotion of local services and the Reach Out! Service
3. To assist and enhance existing community networks to better support their youth
4. To promote 'Net Social Benefits' - the use of the Internet as a valuable tool for the delivery of social services.

So far the RORRT has toured NSW, Tasmania, Queensland and Western Australia, engaging with over 23,000 young people, in 280 schools, in over 230 towns. The RORRT is currently touring Victoria, visiting schools in rural and regional towns and letting young people know about Reach Out! and how they can access local help services. This can provide an excellent opportunity for local service providers to introduce themselves to young people in schools and promote their service.

"I think it was really good because it allowed us to get into the schools... it was more difficult for us to get into the school before and RORRT was a great way for us to be able to promote our service to the young people there."
(Rural youth worker, Anglicare, QLD)

For each town visited the RORRT team will build a web site to profile the young people and the towns they live in with interviews, stories, artwork, poetry and images.

"Seeing their images and art and stuff was probably the strongest thing in the whole site... The kids were just queuing up to have a look and a listen. That was really powerful stuff... genuinely a real motivation thing that was good for them." (Mental health worker, QLD)

Over 260 town web sites have been built so far and these can be accessed via the Reach Out! web site (www.reachout.com.au).

If you would like further information about the RORRT please contact:
Kylie Lee, RORRT Manager,
Mob: 0419 434 178 or
Email: kylie@inspire.org.au.

For further information about Reach Out! please contact:
Jonathon Nicholas, Reach Out! Manager,
Tel: (02) 9818 3055 or check out the Reach Out! site at **www.reachout.com.au.**

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Good News On Mental Health For Seniors

Based in the southern metropolitan region of Adelaide, the multi disciplinary community team **Mental Health Services for Older People - A Program of the Repatriation General Hospital,** provides a range of services for older people who have developed a mental health problem in later life.

In January this year, I was appointed to the position of Community Development Officer with this Team and would like to highlight an interesting aspect of this role.

Combating Ignorance

Liaison with community groups, Aged Care Package providers, staff of Aged Care Facilities, local government Community Services Officers, our Consumer Advisory Group and many other agencies has revealed that myths, fears and misunderstandings about mental health abound in this sector as much as any other. These myths have a definite negative impact on the availability of health care and support services for older people with mental health problems. All too often, clients referred by our service were seemingly placed in the 'too hard basket' or seemed to gravitate to the bottom of the priority list when community based services were required.

Fears based on ignorance or misinformation also inhibit community acceptance and make it difficult for older people, even those recovering from something as common as depression, to feel part of social and recreational groups they previously enjoyed.

Why is this so in the Year 2001?

The underlying problem seems to be that very little good news on mental health has come to the attention of the community over past decades. Therefore many Australians have the impression that little has changed in the mental health area since the 1960's. They may also believe that some or all of the following statements are true:

- Sedating medication is commonly prescribed long term for most mental illnesses
- Medications are addictive and need to be taken for the rest of your life
- Long periods of hospitalisation are a common form of treatment
- People who have a mental illness can become violent at any time
- Mental illness is caused by weakness of character and is something to be ashamed of
- People with depression or anxiety disorders should use willpower to 'pull themselves together' and 'snap out of it!'
- Recovery from mental illness is rare - you will have it for the rest of your life

Of course none of these are true. No wonder people are reluctant to seek help in the early stages of a mental illness!

Yes, there is Good News!

A very rewarding part of my role this year has been coordinating education programs aimed at overcoming these problems. Results of these programs have been very encouraging indeed.

Education programs are provided free of charge to any group who work with older people in our region. Our team has five staff members from a variety of health professions who are also TAFE trained presenters and do a great job of presenting current information on mental health to a variety of audiences.

Each presentation is tailored to the identified learning needs of the particular group and is designed to be a positive and interactive learning experience. Our presentation "Good News on Mental Health for Older People" is becoming our most requested program and has had a very positive impact. Organisations who have heard this presentation, no longer place our clients at the bottom of the list and are keen to collaborate with us in service delivery.

Future goals include providing more free presentations to community groups attended by older Australians in our region and telling the good news on mental health via local community radio stations and newspapers. The results we are achieving even in this early stage, are well worth the time and energy invested.

For more information please contact:

Jenni Morley,
Community Development Officer
Tel: (08) 8357 6155

PARC

The Primary Mental Health Care Australian Resource Centre (PARC)

PARC is an information service and clearinghouse established as part of the National Primary Mental Health Care Initiative of the Commonwealth Department of Health and Aged Care to provide access to mental health publications and resources to support mental health care in General Practice.

Central to the services provided by PARC is the PARC Electronic Library of Primary Mental Health Care Resources. It is free, available at:
http://som.flinders.edu.au/FUSA/PARC
and is searchable on line. The Electronic Library summarises and provides access details, and in many cases full text, for a wide range of published and unpublished literature, reports and resources. It currently contains:

- reports from 120 Divisional Mental Health projects, with summaries and, in some cases full evaluations;
- Commonwealth documents, policy, administrative, and research documents, reports and theses from a wide range of sources together with their access details and, in many cases links to full text on-line sources;
- evaluated mental health education videos, pamphlets and booklets for consumers, some available on-line; and
- educational materials and videos in mental health for health professionals with links to their producers.

Australian Resource Centre

Other services provided by PARC include:

- a lending service for professional and consumer mental health educational materials including videos, course materials and resource kits. View resources available for loan on our web page. Currently loans are restricted to General Practitioners and officers from the Divisions of General Practice. To arrange a loan contact Natasha Garrett at PARC **Tel:** (08) 8204 5399. **Email:** Natasha.Garrett@flinders.edu.au;
- free copies of Divisional project reports where projects were solely Commonwealth funded;
- a comprehensive reference service to assist you with the location and retrieval of information and resources for program implementation, education, research or organisational development;
- a Primary Mental Health Care email discussion list.

PARC is also engaged in a number of research activities. Our **Review of Mental Health Shared Care in Australia** is now available from our web site. This report gives a snap shot of the current state of Mental Health Shared Care in Australia and internationally in 2001 and includes the results of a survey of Divisions, a literature review and interviews with nearly 30 Development and Liaison Officers, GPs, Divisional Officers and Mental Health Service staff. It makes a number of recommendations for shared care based on the findings which are essential reading for those developing programs.

Current projects include a **Review of Drug/Alcohol and Mental Disorder Co-morbidity in General Practice** funded by the Commonwealth Department of Health and Aged Care Mental Health Branch. Results from this project will be available on our web site in August 2001.

Give Eleanor Jackson Bowers, your friendly knowledge manager and research librarian, a call at PARC on:
Tel: (08) 8204 5917 or
Email Eleanor: parc@flinders.edu.au

Check out the new PARC Electronic Library of Primary Mental Health Care Resources at:
http://som.flinders.edu.au/FUSA/PARC
You may find just the thing you have been looking for.

Images Of Insight

The **Images of Insight Art Project** (Dec 1998 - June 2001) was a multifaceted project with two major aims:

- To support people in the New England community whose lives have been affected by mental illness, to use art as a form of expression.
- To allow the wider community to have the opportunity to view unique artworks and gain greater understanding of mental health issues.

An 'Art Working Party' was formed to guide project development. The members were representative of the key stakeholders and included mental health consumers, carers, mental health workers, artists and staff of the Armidale New England Regional Art Museum.

The vast distances between communities within the Area, poor access to transport options and the huge interest to participate, made it necessary to run twenty-nine **'Insight Sessions'** (art workshops) in six different sites across the Area. The Insight Sessions used artists to teach and support participants to develop their art skills and create new works of art. The funding to employ artists to facilitate the Insight Sessions was provided through a grant from the Australia Council for the Arts.

The criteria was set for participants that the artworks had to address the theme **'Images of Insight'** and depict **"how their lives had been affected by mental illness".**

The participants then had the opportunity to submit these artworks for selection in the **Images of Insight Art Exhibition.** This was initially held at the New England Regional Art Museum (NERAM) September - November, 2000. Following the success of this exhibition, the exhibition travelled over the next six months to the communities of Tenterfield, Gunnedah & Moree. Each exhibition was complimented by a series of comprehensive education sessions for the general community and school groups.

Simon Champ launching the Images Of Insight Project

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Project achievements:

- 312 new works of art were produced during the Insight Sessions, approximately 3-4 per participant
- 6894 viewed the exhibition at New England Regional Art Museum. Over 1400 viewed the exhibition at other locations
- 7 professional artists taught sessions
- 29 Insight Sessions were held across 6 centres
- 58% of participants had not produced an artwork prior to the project
- 83% of students reported knowing more about mental illness following the education component.

Professional digital photographs of the art works have been taken. The proposal is to build a curriculum based activity that could be used to complement the **Mindmatters** program currently being implemented through schools nationally. This will use the artworks and artists comments to provide information on mental illness.

For further information about the Images of Insight Art Project, contact the New England Area Mental Health Promotion & Prevention Service, **Tel:** (02) 6766 4900.

The SACOSS Mental Health Project

The South Australian Council of Social Service (SACOSS) has a long history of involvement in the non-government mental health sector, with a Mental Health Standing Committee being established in 1954. This committee became the South Australian Association for Mental Health in 1956 and went through a series of changes until 1995 when, as the Mental Health Education and Resource Centre, through problems with remaining viable, it once again merged with SACOSS. During the late 1990's, SACOSS ensured that Mental Health Week was celebrated in the non-government sector and, after receiving some bequest money, the Board decided to employ a project officer to engage in the field and advise on the advisability of working towards establishing a peak body in the non-government mental health sector.

The Mental Health Project began in late 1999, and since that time the project officer has been working towards improving networking, collaboration and information sharing in the field. A mental health trainers' network has been established and met for the second time in August. A Mental Health Bulletin is prepared and distributed approximately every two months to the SACOSS membership and to another one hundred and seventy people on the mental health mailing list. SACOSS consults with mental health consumers, carers and organisations on issues around mental health policy. A number of mental health specific non-government organisations are now working towards establishing a peak body, with general agreement reached on roles and functions, aims and objectives and membership criteria. It is anticipated that, after the next meeting, a small group will begin work on a constitution, and funding will be sought to establish the peak.

As a peak body in the community services sector, SACOSS will continue to maintain an interest in mental health issues, consulting with organisations, consumers and carers, and representing the interests of disadvantaged people in the public policy arena. Some of the issues identified in the early days of the current project were the fragmented state of the sector, with poor information sharing, communication and networking, including a lack of knowledge within our own organisation. These issues have seen some improvement over the life of the project, and we aim to encourage more generic service providers, particularly our members, to become more aware of mental health issues and to train their staff to work appropriately with people suffering a mental health problem. The recent funding of three registered training organisations to provide non-clinical training in mental health has been applauded by the non-government sector, which has long recognised the need for such training to be available. It is only with information and training that we will see a breaking down of the barriers which separate the mental from the physical illnesses in the mind of the community, and that includes within the health system itself.

As the project officer involved in this project I can truthfully say that I have been privileged to meet a number of talented mental health consumers and carers, and some very dedicated service providers. The stigma that often prevents individuals from leading a normal life or being acclaimed for the job they do is scandalous at best. If this project can help in any way to destroy some of the myths surrounding mental illness, then it has succeeded.

Margaret Galdies
Project Officer
Mental Health
SACOSS

Seriously Optimistic Books & Resources

St Luke's Innovative Resources are publishers of 'seriously optimistic' books and resources. It all began in 1992 as an attempt to create hands-on tools for St Luke's family workers and it has now grown into a self sustaining publishing and training enterprise. St Luke's colourful, gently humourous materials like Strength Cards and Views from the Verandah Cards have been enthusiastically adopted by thousands of teachers, counsellors, social workers, managers, therapists, psychologists and other human service workers around Australia, New Zealand and increasingly in other countries.

St Luke's has pioneered the publishing of strengths-based, hands-on materials. Russell, a social worker with nearly thirty years experience, attributes their success to a number of factors. Firstly, the cards work as powerful and versatile 'conversational prompts'. They can be used to help build conversations from three seconds to three hours in length. They can also be interpreted in many ways. They don't have to be read from front to back like a book and they are not prescriptive. St Luke's cards can be found in places from schools to company boardrooms, from family therapy centres to the Australian Institute of Sport.

"They do not require 'expertness' to be used with success, in fact they compliment and enhance the creativity and skills of the user," Russell says. "The underlying message of all St Luke's materials is that we all have strengths and that these strengths are our best resources for overcoming trouble". In a society so dominated by problem saturated messages, labelling, stigma and deficits, many people find that discourse about strengths is life changing. The humour in many of the cards, together with the full colour, high quality graphic style also seem to open windows into change in very gentle ways.

Innovative Resources now has an ever expanding, free catalogue and quarterly newsletter, a book editing and design service and **'Metaphors'** a book and resource centre at **137 McCrae Street, Bendigo Victoria.** Innovative Resources can be easily reached by:

Tel: (03) 5442 0500
Fax: (03) 5442 0555
Email: stlukeir@stlukes.org.au
or check out the **web site: www.stlukes.org.au**

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Contact Jill on
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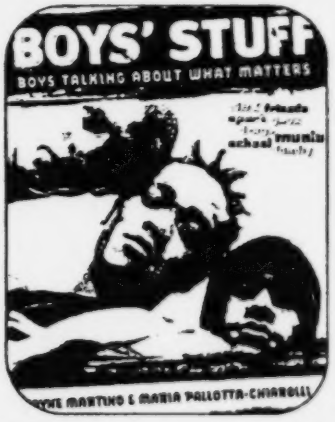
BOOK & OTHER RESOURCE REVIEWS

Boy's Stuff -
Boys Talking About What Matters

Wayne Martino & Maria Pallotta-Chiarolli, Crows Nest, Allen & Unwin
RRP $24.95

Reviewed by Lou Morrow

The book is a collage of stuff about boys, their lives, their relationships, their troubles, their pleasures and "other stuff that matters". Cultural complexities, sexuality, otherness, masculinities, are what it's about. The jacket says "its not some expert saying what to think, feel and do. It's guys (from around age 12 to age 18), talking about what's really going on for them". It is presented in the style of a 'zine which I found both appealing and a bit distracting, probably because I'm a bit conservative in my preferences in reading materials. I'm not bonded to academic publications exactly, (moreover those very orderly kinds from Britain!), but maybe almost, so forgive my bias! The hypertextual quality - the amount of stuff, it's richness, diversity of representations - took a bit of getting used to, but this was easily overcome. If you are not familiar with the 'zine kind of presentation it includes: narratives, commentary, essay, art, poetry, drawing, symbols, questions, photos - a rich montage of noise and representation in 'unplugged' style. There are many representations of boy/guy in this book. I'm not sure who the intended audience is - but I reckon if you are a boy, girl, educator, worker (educational, health, justice fields etc), parent, it will get you thinking.



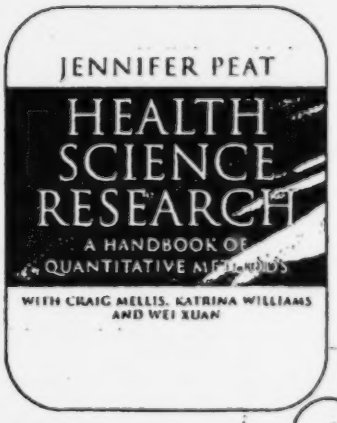
Boy's Stuff

Health Science Research -

Jennifer Peat, Crows Nest, Allen and Unwin
RRP $45.00

Reviewed by Lou Morrow

You might wonder why another book in a field of revered 'classics' rates a mention. The reputation (and inaccessibilty) of publications considered mandatory for aspiring researchers is rather awesome. That's where this book makes its contribution, bringing clarity to a field of seemingly esoteric enterprise which hasn't been evident to me in those before it. It is written in a clear and accessible style, progressing in an orderly fashion from the beginnings of an idea in reviewing the literature, preparing a grant application, planning the study, to project management of the research. Its foundation and strength is practical research skills and comportment, and lies in the systematic presentation of each step and section, much like guidelines. I imagine this new Australian publication will rapidly find its way into health sciences coursework – public health especially, but its use will extend beyond that to anyone (nurses, allied health workers and research assistants) who needs to undertake a clinical study or add a quantitative component to their research method.


JENNIFER PEAT
HEALTH SCIENCE RESEARCH
A HANDBOOK OF QUANTITATIVE METHODS
WITH CRAIG MELLIS, KATRINA WILLIAMS AND WEI XUAN

Health Science Research

ON THE WEB: Reviews & Other Sites

Auseinet Web Site

Consult the Auseinet Web Site!

If you are interested in:

- Up and coming conferences
- Other Promotion, Prevention, Early Intervention and Suicide Prevention related web sites
- Publications produced by Auseinet

...And for all sorts of other information and resources...

Don't forget to consult the Auseinet Web Site at:

http://auseinet.flinders.edu.au

Web Site Reviews

INTERNATIONAL

SPINZ (Suicide Prevention Information New Zealand)

http://www.spinz.org.nz

The SPINZ site, set out in the form of pages in a loose-leaf folder with menu tabs down the side of each page, has a searchable database containing details of self-identified suicide prevention services/activities in New Zealand as well as a searchable database of published research on the topic 'youth suicide in New Zealand'.

The site provides information such as definitions of terms, observable warning signs, factors increasing the risk of suicide for young people, older people and gays and lesbians. There is also a FAQ section with questions such as 'What do I do/not do when someone is threatening suicide?' The site provides links to other suicide prevention web sites both in New Zealand and internationally. Conference information can also be found on this colourful and easy to navigate site.

AUSTRALIAN

Eastern Perth Health Promotion Network

http://www.rph.wa.gov.au/hpnetwork/hpnetwork.html

The Eastern Perth Health Promotion Network site focuses on health promotion, however it still provides useful information to the mental health field. This site has a large list of links to other health related sites including mental health sites. It also provides a list of searchable internet databases related to health promotion. A list of contact details for the members of the network, which is divided into categories such as government agencies, hospitals etc., are also available. There is also a conferences list and a list of seminars and lectures happening in WA. Overall, this site provides a lot of information regarding Western Australia and health promotion.

Dark Side of the Mood

http://www.abc.net.au/health/depression/default.htm

From ABC Health Matters, provides good coverage of all issues associated with depression including, what is and what causes depression, therapeutic options including alternative treatments, a quiz based on the Center for Epidemiologic Studies Depression Scale and links.

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